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ART. I.—*Case of Dysphagia.* By FAYETTE JEWETT, M. D., Sivas, Asia Minor.

[In the following article Dr. Jewett seems to describe his own case, which would appear to be an anomalous one. What is the nature of the difficulty, and where is its seat? These are questions of vital importance to the patient, as the difficulty goes on increasing. We do not feel qualified with the mere statement before us to give an opinion, and yet would venture the suggestion that there may exist a lesion of the spinal cord which may derange the nervous supply to the part affected. Is there tenderness in the course of the spine? Has counter-irritation to that region been resorted to?

If any of our readers have anything to suggest on this subject, we hope they will communicate with us as soon as convenient. Dr. Jewett writes us that several of the most eminent physicians and surgeons of New York, Boston, and other places, have been consulted by letter in regard to the case. We hope some of our readers will give the subject their attention.—EDS. MED. AND SURG. REPORTER.]

My age is thirty-two years; temperament sanguine; general health very good; constitution, naturally strong.

The local difficulty from which I am suffering commenced about fifteen years ago. It consists essentially in a difficulty of deglutition, in respect both to solids and liquids.

The phenomena attendant upon this trouble may be best illustrated by a statement of what occurs whenever I take my ordinary meal.

When I *commence* eating, and for a little time after that I have begun to take food, I swallow apparently as well as any one else. I experience no difficulty at all. But ordinarily, before I have eaten one-*fourth* part of a meal, I begin to feel a sense of obstruction—a sort of constriction, apparently in the œsophagus—as it seems to me.

As I continue eating, this sense of constriction gradually increases. It does not ever amount to pain, sharp or dull, but is rather a feeling of constriction, accompanied with considerable dyspnœa, and an inability or seeming inability to speak. This sense of suffocation becomes insupportable, if I continue to eat, and relief is obtained in only one of two methods. Either, after considerable voluntary effort, a regurgitation of the food just taken is effected, or a *large* quantity of fluid (ordinarily water) is drank at *once*, and thus the obstruction is removed, and immediate relief follows. In thus drinking, the first and second glasses of water only seem to increase the feeling of constriction, and it is not until after the contents of the third or fourth glass are poured hastily down that the obstruction is removed, and relief obtained. The water seems to act mechanically, by *forcing* the food into the stomach. This once *well* accomplished, I feel just as well as when I first began to eat.

Then I commence eating a second time, again experience the same difficulty, after having taken about the same quantity of food, and relieve the obstruction as before, viz., by forcing down as fast as I *can* two, three, and not seldom four, ordinary-sized glasses of water. Usually I eat and "drink" thus twice at each meal. Sometimes, from some inexplicable cause, I am unable to remove the obstruction, even though I drink a *very* large quantity of water, say five or six glasses. Then the distress is much aggravated; the dyspnœa is much increased, and I wheeze like a man suffering from an attack of asthma. This continues until, in some way, either by putting my finger in my pharynx, or by a voluntary muscular exertion, I am able to effect a regurgitation of the food taken. All kinds of food, liquid and solid, meet the same difficulty of deglutition. Highly-seasoned dishes, and those of a more *liquid* character, are swallowed with more difficulty (that is I am sooner obliged to drink) than unseasoned, and more solid and dry kinds of food. In drinking simple cold water, or any other fluid, I experience the same difficulty as in eating solid food. When I have drank one glass of water, I am obliged to drink at once a second and a third glass, in order to remove the sense of constriction produced by the first.

When I commence eating, I can take a *small* quantity of food, before experiencing any sense of obstruction. But suppose that,

after having taken this small quantity of food, I were then to stop eating, and *not drink* at all, the result would be, that in about fifteen to thirty minutes, I should have a feeling of uneasiness in my stomach or œsophagus, which would soon be followed by a frequently repeated *regurgitation* of the small quantity of food which had been taken, accompanied with more or less of a fluid secretion. I tried at one time this experiment of eating but a little, and not drinking for three days, and came near dying of inanition.

Sometimes an indigestible article of food, after having remained in my stomach (or somewhere else) for twelve or fifteen hours, will, all at once, come up into my mouth, unchanged in taste or appearance, except having become, it may be, a little softened, by the macerating process it has undergone.

Oftentimes at night, just as I begin to drowse, a spasm occurs in the stomach or œsophagus, which throws up a portion of liquid food with such violence as to fill my mouth, and even to pass into the posterior nares, and come out at my nose.

Frequently during the latter part of the night, while asleep, I am attacked with dyspnœa and violent spasmodic coughing, so that I am obliged to rise from my bed and regurgitate a quantity, more or less, of partially digested food mixed with a tasteless water like *fluid.* In the morning, soon after rising, a considerable quantity of such fluid is sometimes thrown up. Occasionally, though seldom, I have an attack of proper pyrosis. My appetite is very good, and I very seldom suffer from any of the ordinary symptoms of indigestion or dyspepsia. Seldom am troubled with either diarrhœa or constipation.

This difficulty of deglutition began very gradually, and has continued slowly and almost imperceptibly to increase up to the present date. At one time, a glass two-thirds full of water occasioned as much relief as I now derive from drinking three or four.

At no time has pain or sense of soreness been produced by pressure or percussion of the epigastric region. At one time a common sized ivory-tipped probang was passed, without the least difficulty, quite into the stomach.

The chief remedial agents that have been tried, are the oxide

of zinc, Prussic acid, and electro-galvanism; none of which seemed to produce any effect.

Is this case probably curable? If not curable, will it probably *yield at all* to medication? If so, to what extent? What is the *nature* of this disorder? what its prognosis? what its treatment? and how long should medication, if tried at all, be persevered in?

ART. II.—*An Anomalous Case.* By R. H. PAGE, M. D., Columbus, N. J.

DURING the epidemic of scarlet fever that has been prevailing in Columbus and neighborhood, more or less extensively, for several months past, I had in charge a lad aged 14, laboring under the disease; when attacked he was convalescing from hooping-cough. The disease, as usual, was ushered in by vomiting, followed by fever, and all the symptoms peculiar to anginose scarlatina, excepting rash. He had a fast, nervous pulse; tongue was characteristic; the tonsils were inflamed and œdematous; throat filled with a tough, viscid mucus; profuse discharge from the nostrils; deafness, and in a day or two discharge from the external meatus. Sleeplessness was a very prominent symptom for the first few days; indeed the brain appeared to be similarly affected to one laboring under mania-à-potû, although there was this entireness of symptoms, yet at no time during the course of the disease was there rash, neither was there desquamation. My treatment of the case was very simple—laxatives, camphor water, water acidulated with nitromuriatic acid as a drink; Dover's powder at bedtime, and mustard foot-baths; for the anginose affection emollient cataplasms, and the following gargle: ℞.—Zinci sulphatis ℥j; aq. font. f℥v; mellis f℥j.—M. The case progressed very favorably till, during the second week of convalescence, he was attacked with soreness and swelling of several of the joints, with diffuse redness, accompanied with fever of a remittent type, having an exacerbation every afternoon, and remitting with profuse sweat towards morning. I at once pronounced it rheumatism, and put him under the use of colchicum and quinine. I continued this treatment several days; the fever moderated, and

lost its remittent character; the sweats continued irregularly, though much less profuse; but there was no amelioration of the local affection, more soreness, and I thought I discovered some fluctuation about the left ankle-joint. If I was right in diagnosing rheumatism, this fluctuation would have indicated dropsy of the joint, for it is a truism that rheumatism never generates matter, but from the character of the fluctuation, and the situation of the deposit, which appeared to surround and not enter the articulation, I was inclined to believe that it was a formation of matter. I had to abandon the idea of rheumatism, omitted the colchicum, and alternated the quinine with a teaspoonful of the following: ℞.—Potass. iodid. ʒij; ext. conii ʒss; syr. sarsap. c. fʒiv; every two hours, and ordered the joints poulticed. In a few days the left ankle pointed and broke just above the external malleolus; at first there was a discharge of a quantity of clotted blood (I had to enlarge the opening to allow it to pass), succeeded by a thin, inodorous, bloody matter, which was very profuse; it discharged for a week or ten days, then healed, and in a few days broke just above the internal malleolus; at first discharged more than a gill of bright arterial blood, followed by a thin, bloody matter, which discharged freely for more than two weeks. In the mean time, the right hand and left hip gathered and broke; at first discharged blood, and then matter of the same character. The right ankle and left wrist were both much swollen and sore, but there was no formation of matter in either. I ordered them washed with the tinct. of iodine twice a day, in addition to the poulticing. Whether it had any influence to prevent the formation of matter, I am unable to say, but am inclined to believe that it had little or none, for at the time these joints were affected, the system had reacted, and by the assistance of the general remedies, was better able to cope with the disease. During this formation and discharge of blood and matter, the system became very much reduced; his appearance was perfectly anæmical. I prescribed iron, cod-liver oil, continued the iodide of potassium, and allowed him wine, with a rich, nourishing diet. Under this treatment the local affection and the general health gradually improved. He is now well, with, I am sorry to say, an anchylosed wrist and ankle. There was no pain during the whole process of

the formation and discharge of the matter, but extreme soreness; the mere touch would occasion exquisite suffering.

We are all familiar, either by sad experience or reading, with the various sequelæ of scarlet fever, dropsy, rheumatism, inflammations of the heart and brain, glandular swellings, and abscesses, otorrhœa, and a long train of evils at which one turns shuddering away; but I believe such an affection as I have described is an anomaly as a sequela to scarlet fever.

Is there not a dependence in an inverse ratio between the rash of scarlatina and its various sequelæ? It is a well attested fact that the mild and partially developed cases are more apt to be followed by some of the sequelæ than the severe and well developed ones. Why is this? The less amount of care to prevent exposure and imprudence in diet is the usual explanation, no doubt true to a certain extent, but I cannot think that it is the whole cause. Does not the rash, when fully developed, rid the system of a certain amount of poison, or of the debris of the disease, that enables the "vis medicatrix natura" to overcome the tendency to diseased action? In the case that I have described there was no rash, and if the above theory is correct, the system must have been loaded with the generative and generated poison of the disease. But the case derived its chief interest from the character of the discharge. Why, and from what source was this blood discharged? If it had occurred in an old, worn-out, or depraved constitution, and have shown an indisposition to heal, it would have been presumable that the ulcerative process had affected the coats of some of the smaller bloodvessels; but occurring, as it did, in a young, robust lad, without any scrofulous taint, and healing readily, the coats of the vessels would certainly have enough vital energy and tone to resist the ulcerative process. Did not this discharge of blood depend upon the exosmotic action of the coats of the bloodvessels, and not upon the destruction of their continuity?

ART. III.—*Foreign Bodies in the Eye.* By J. HENRY CLARK, M. D., of Newark, N. J.

WHEN we reflect upon the surprisingly intricate structure of the eye, the delicacy of its membranes, and the necessity of the exact performance of its function, in order to secure its usefulness, we cannot but wonder at its power of resisting injuries. In a large manufacturing city like ours, almost every variety of accident occurs. Probably two hundred times in a year I am called upon to remove some foreign body from the cornea, which has become imbedded or adherent. I have made it a rule to remove an object, if possible, at once, even at the risk of abrading the cornea, preferring to leave the eye to recover from the injury, than to leave it to take its chance with the foreign body still in the eye. On looking back over a record of more than one thousand cases, I cannot find a single instance in which any permanent injury has been produced by such a removal. I could refer to many cases in which the presence of a metallic body for a day or two has produced a permanent opaque cicatrix, which was fatal to the most useful vision, and many others in which the penknife of some fellow-workman, or foreman, had produced irreparable injury. For the removal of "fire in the eye," or bits of metal sticking in the cornea, I use a curette, applying it like a lever, under the edge of the metallic scale, having previously discovered with the glass the precise shape and situation of the foreign particle. A little practice and tact will enable the operator to remove the offending object without injury, and to the great relief of the patient. In looking over many cases of interest, except one reported six years ago in this journal (see *New Jersey Medical Reporter*, May, 1852), in which molten lead was thrown into the eye, taking a complete cast of the cornea, and from the effects of which the eye *entirely recovered*, none is more unusual than one that has just now passed out of my hands.

William McVay, of Belleville, N. J., aged 19 years, was engaged at Bloomfield, N. J., loading wheat, when, by accident, a bundle of grain was thrown directly in his face while his eyes were turned upwards. He received, in consequence, a piece of straw or beard

of grain in one of the eyes. Twenty-four hours after the accident, he called at my office.

I found a small abrasion of the cornea, and following it along, I perceived a piece of straw lodged in the anterior chamber of the eye. Having illuminated the chamber by means of the ophthalmoscope, I discovered that the straw lay upon the iris, the shape of which was changed, and the edges of which gave evidence of incipient inflammation. The end of the straw penetrated, I feared, even to the crystalline lens. The eye presented a muddy appearance, and there was scarcely any vision. Notwithstanding that cases occur often in which bodies are removed from the anterior chamber of the eye after the lapse of weeks, still it was evident that in this case the offending object *must* be speedily removed, in order to preserve the eye from injury or loss. I therefore proceeded at once to enlarge the opening in the cornea with an iris-knife, until I could touch the straw with a small silver probe. Having prepared a pair of jeweller's forceps, with a long point, carefully ground to a small size, and so constructed as to seize an object at the very point, I introduced the extempore instrument into the anterior chamber, and drew out a piece of wheat straw measuring three-eighths of an inch in length, and about one-sixteenth of an inch in breadth, to the great relief of my patient, and much to my own gratification. I then ordered remedies calculated to prevent the occurrence of iritis, and to counteract inflammation, and sent my patient home.

He called the next day, relieved from pain. The eye had greatly improved in appearance. I ordered the continuance of low diet and the powders of calomel and opium, ordered the day before.

On the third day, his eye had nearly recovered its brilliance, and in less than a week was entirely well, presenting no trace of the accident, except a small cicatrix near the margin of the sclerotic, where I made the opening into the anterior chamber. Even this cicatrix is scarcely observable, unless the eye is examined with a glass, or the precise spot is pointed out.

Notwithstanding the favorable results so far, it is barely possible that the straw has punctured the capsule of the lens, and that absorption may ensue. Mackenzie relates several cases in which grains of powder have been propelled through the cornea, tra-

versing also the lower part of the iris, and, stretching the lens, produced cataract. The cornea and iris have, however, apparently recovered from the effects of the accident.

The allusion to gunpowder reminds me that among half a dozen cases of Fourth of July accidents, which have fallen under my observation this year, is one that deserves mention. A young man received the contents of a pistol just over his forehead. The wadding passed through his hat, and the powder was propelled into his forehead and eyes. I removed perhaps forty grains of powder from the cornea on the second day, and during the week following probably twenty more. None penetrated through the cornea, which has since fully recovered its transparency. The eyes bear no evidence of the injury, except that some few grains of powder remain entangled in the folds of the conjunctiva sclerotica.

The hardness of the cornea, and its capability of recovering from the effects of injuries, furnish the eye its most efficient protection. If there is no constitutional defects it readily recovers from disease, and, on the whole, is rarely attacked, even when the surrounding tissues are involved.

The *manner* in which the cornea is wounded, is more important than the *extent* of the injury. The very smallest wounds, when violent, are attended with danger, while large incised wounds, *gently* inflicted, often cause no inflammation. The concussion of the nervous structure, and the laceration of the delicately organized parts, produces often, despite remedies promptly applied, the most serious constitutional and local results. The age, constitution, and habits of the patient are all to be taken into the account. The robust beer and brandy-drinking reapers in Bavaria seem to be peculiarly exposed to injury. They work with their heads down, and receive slight injuries of the cornea, which they neglect because of their careless and intemperate habits, and because the injuries are really slight. The result is, that "Walther found, in the Isar districts alone, from fifty to sixty eyes annually lost in this way during the harvest."

I received a call, early on the morning of the 5th of July, of the present year, from a son and mother, who had *each* the cornea of one eye cut entirely through with the sharp-pointed fragment of a bottle, which had been violently thrown from some distance.

I gave an unfavorable opinion, not more because of the nature of the injury than its method of infliction. With regard to the son, if the eye had been cut as it was across the lower part of the cornea, notwithstanding the iris was slightly involved, gently with a sharp knife, I should have hoped to preserve to him useful vision, but the result was as I predicted, disastrous. The eye of the mother was deeply cut by a penetrating wound directly across the cornea, in the centre of the organ, and extended through the iris, and probably through the lens. She died comatose, about twelve hours after, probably from the effects of a dose of opium, taken by mistake, but perhaps from the effects of the concussion of the nervous structure of the eye, which may have extended to the brain. The patient was between sixty and seventy years of age.

With regard to the removal of foreign bodies from the cornea and anterior chamber, it is often expedient not to attempt it. Less injury will be done by the object sometimes than by the efforts to effect its removal. If there is no evidence of inflammation, foreign bodies become encysted in the anterior chamber, and lie for years without producing disturbance, and small objects imbedded in the cornea loosen themselves after a few days. Though there is danger in permitting them to remain, in some cases it is the safest method, especially unless the surgeon is accustomed to removing them, and has at hand the appropriate instruments.

If foreign bodies in the eye cause pain after a long period, their removal becomes a matter of imperative necessity. Dr. Iager, of Vienna, removed a piece of glass which had been encysted in the anterior chamber of the eye for six years. Its presence caused constant suffering. In a case that I reported in this journal in 1852 (the May number), I removed a piece of percussion cap that had remained in the eye eleven years. The piece of copper weighed three grains. It consisted of part of the bottom, and of the fluted side of a cap, considerably covered with rust. The other eye was beginning to suffer. The patient was very much emaciated, and could not have long survived. The relief was immediate and permanent. The patient coming into my office six weeks after, I failed to recognize him. He had gained thirty-six pounds, and had returned again to the business which he had

before abandoned. It required, before the operation, more than an ounce of tinctura opii to be administered twice or thrice a day, to keep him tolerably comfortable, or to secure him any sleep.

ART. IV.—*Case of Pudendal Hernia.* By WM. JOHNSON, M.D., White House, N. J.

I WAS requested, on the 26th of May last, to visit the wife of J. P. Her age is about 30 years, and she is the mother of one child, about four years of age. I was called in upon account of severe hysteric paroxysms, to which she has been subject for many years. During my attendance upon her, she consulted me on account of a tumor in the pudendum, which made its appearance one year ago. The tumor was of the size of a large hickory-nut, and could be plainly felt about midway on the right labium. I passed my finger into the vulva, and could there feel it much more distinctly. It possessed considerable firmness, and could be traced under the pubis, near its junction with the ischium. It communicated to the touch the sensation of a strangulated intestinal hernia, or rather that of a tense encysted tumor. Handling it gave her no pain, and the position of the body did not affect it. Her bowels have generally been regular, but when confined the tumor is painful. The tumor has always been uniform in size. Just before it made its appearance, she had been injured by a fall which fractured her thigh. Three days after her confinement from the injury, she discovered this tumor, but never mentioned it to any one.

Such were the facts elicited in the case, and perhaps they ought to have been sufficient to have satisfied my mind as to its true nature; but I candidly confess they did not. My embarrassment arose from the situation of the tumor, the comparatively little inconvenience it had produced, and the date of the case; but all these difficulties were removed in the course of two or three days from this visit. My patient, feeling herself much improved in health, got up from her bed to breakfast with the family, and whilst at the table she was attacked with several severe pressing pains in the tumor, and with the last it was suddenly retracted

within the abdomen. She was much alarmed at the great change, and sent for me in haste. I found her in bed. Upon examining the pudendum, I found no traces of the tumor. There was no longer any doubt of the case being hernia. The question now was, how should a recurrence of the accident be prevented? My first direction to her was, to remain a few days in bed. She, however, complied with my request but for a very short time. She soon arose from her bed, and the hernial tumor again reappeared. It disappeared, however, upon returning to bed; but this was not the case in every instance afterwards. At one time in particular, she could not replace it, until her husband raised her breech much higher than her shoulders, and she then returned it. The tumor, which formerly incommoded her so little, now distresses her very much whenever it is out. The only retentive apparatus which I had employed was the T bandage; but I found this insufficient to keep the bowel in situ. I advised her, therefore, to get on board the cars and go to New York, and obtain a proper truss. I sent her to my obliging friend, Andrew Otterson, M. D., of Brooklyn, who, from his long acquaintance and familiarity with the city, could best counsel her in this business. He directed her to a gentleman boarding at the Astor House, in New York, who, in the course of a few days, constructed an instrument which promises to fulfil every indication. The instrument is a modification of the T bandage. A firm spring presses against the hernial tract, and keeps the part in situ, and the perineal band does not interfere with dejection and micturition.

Remarks.—Cases like the above are, in my opinion, very rare. This is the only one which has ever fallen under my observation. A medical friend, who was associated in the charge of a large public charity, among some thousand cases saw but one similar to that which I have related. This case, he states, gave him prodigious trouble, and every instrument which he employed failed him. He found that the T bandage was the preferable means in keeping the bowel in situ, but protrusion would still frequently take place.

My principal object, however, in the publication of the foregoing case, is to call attention to the vast importance of correct diagnosis of pudendal and vaginal tumors. There certainly was some danger, in the case which I have narrated, of mistaking it

for encysted tumor. "With the exception of Dr. Ashwell, no writer on the diseases of females, that I have consulted, speaks of the points of similarity presented by some cases of encysted tumors of the labium and vaginal and pudendal hernia. He remarks that he has known much difficulty arise, in diagnosis of this tumor, from a hernia. It is true that, for one case which will present any difficulty in diagnosis, we may meet with a dozen where no such obscurity exists; yet, from the occasional occurrence of such cases, the practitioner should examine all with care before attempting a cure; for it is strange that though the differential diagnosis between inguinal tumors and hernia in the male is insisted upon with great force by all writers on these subjects, yet in works especially devoted to diseases of women, little attention is paid to the matter."[1]

ART. V.—*Abstracts prepared expressly for the* REPORTER *from Exchanges at this office, and from other sources.*

(*a.*) SURGICAL.

1. *Nævus treated by the Injection of Tannic Acid.*—In the *Lancet*, we find the following interesting case as having been treated at St. Mary's Hospital. The patient was an infant, about one year old, with a nævus at the root of the nose, which had been treated in various ways, but unsuccessfully. Mr. Haynes Walton made, with a narrow tendon knife, an aperture at the base of the tumor, working the blade around in order to break down the texture, and permit the acid to come in contact with the blood, and thus have a perfect coagulation produced. The injection, consisting of tannic acid f℥j, aq. f℥j, was introduced by the medium of a small syringe, inserted into the aperture made as above. The fluid was then passed in *gently*, till the nævus was well distended. Much stress was laid by Mr. Walton on the gentleness of the injection, and the propriety of ceasing when the tension was apparent, lest extravasation should be produced. The hardness that quickly ensued proved the rapid coagulation of the blood. The advantages of this article are its potency and safety. There is no risk of sloughing. In this case, it was eminently successful; the child in a comparatively short time showing no evidences of ever having suffered from nævus.

[1] New Jersey Medical Reporter, vol. ii. pages 245–6.

2. *The Results of Twenty-Eight Cases of Operation for Stone in the Bladder.*—Dr. P. C. Spencer, of Petersburg, Va., seems to have acquired an enviable reputation for successful operations for stone in the bladder. The following remarks and recapitulatory table we copy from the *Virginia Medical Journal* for July, 1858:—

"For the convenience of those who are interested in the statistics of lithotomy, we have prepared the table as a *resumé* of Dr. Spencer's operations from the beginning. It will be observed that of twenty-eight cases, two only died. The fatal cases were also the first two operated upon; so that the operator has now met with unbroken success in *twenty-six cases*—a surgical feat rarely excelled. The proportion of deaths is as one to fourteen; whereas, according to the English statistics, one in eight died, the Philadelphia tables being about in the same ratio, while Civiale estimates that in every *six* operations performed in the French hospitals, one death occurred.

"It is also worthy of remark, that Dr. Spencer is one of the few American surgeons who still use the *lithotome caché* of Baron Dupuytren, and the results of his method of procedure are certainly not calculated to bring discredit on the instrument."

No.	Age.	Color.	Urine passed per Urethram.	RESULTS.
I.	4	Black	—	Died in 12 hours.
II.	17	White	—	Died on 4th day.
III.	35	Black	8th day	Discharged cured on the 30th day.
IV.	18	Black	15th "	" " 40th "
V.	7	White	5th "	" " 25th "
VI.	9	White	—	" " 40th "
VII.	5	Black	10th "	" " 30th "
VIII.	4	White	8th "	" " 30th "
IX.	18	White		
X.	27	White	10th "	" " 25th "
XI.	4	White	3d "	" " 19th "
XII.	4	Black	5th "	" " 25th "
XIII.	7	White	10th "	" " 30th "
XIV.	4	Black	4th "	" " 22d "
XV.	28	White	11th "	
XVI.	17	Black	—	" " 84th "
XVII.	11	White	8th "	" " 25th "
XVIII.	8	White	17th "	
XIX.	64	White	15th "	" " 23d "
XX.	8	White	13th "	" " 18th "
XXI.	10	Black	10th "	" " 15th "
XXII.	61	Black		
XXIII.	9	White	30th "	
XXIV.	9	White	39th "	" " 50th "
XXV.	11	Black	3d "	" " 30th "
XXVI.	25	Black	—	" " 75th "
XXVII.	—	White	1st "	" " 12th "
XXVIII.	20	White	10th "	" " 16th "

(*b.*) PATHOLOGICAL AND THERAPEUTICAL.

1. *Scarlet Fever.*—The *Virginia Medical Journal* gives some interesting remarks by Trousseau, from which we gather the following concerning its treatment:—

As it runs a fixed course, he thinks, when it exhibits no serious complication, the less we do, the better for the patient. The antiphlogistic is highly injurious. Mild laxatives are beneficial in moderating febrile action. When we have excessive heat of skin, vomiting or diarrhœa, delirium, coma, or convulsions, cold effusions are of great utility. "The patient being placed, naked, on the sacking, you pass a sponge, wetted in water of the proper temperature, very rapidly over the whole surface, and then, without drying the body, return him to bed, and cover him up. An hour after, the skin is found less arid, its heat less mordant, while there is a diminution in the frequency of the pulse. The other nervous symptoms also abate." If they again appear, repeat the process, even several times a day and several days in succession. The eruption is found more vivid after the application. As internal remedies, use carbonate of ammonia, from 30 to 60 grains a day; musk, 3 to 6 grains.

In the great majority of cases of scarlatina maligna, he does nothing for the throat. The only one to which he attaches any importance is the careful application of hydrochloric acid. When angina, with diphtheritic complication, comes on, keep up the strength by quinine, food, and stimulants. Anasarca, when not extensive, he treats by "rest in bed, tepid drinks, and moderate diet." Bloody urine, by acid drinks, uva ursi, with spirits of turpentine, digitalis and gentle laxatives. Extensive anasarca, rapidly produced, and tendency to convulsions, by active purgatives, head erect and legs hanging down. Scarifications, or large blisters to the legs. For the convulsions, musk, with belladonna; and compression of the carotids he has found useful, especially compressing the carotid of the opposite side, when the convulsion is on one side only. When on both, compress alternately, or both, if respiration is not too much obstructed by it. It should be continued for fifteen or twenty minutes on each artery. When the acute symptoms have passed away, give gentle diuretics, as nitrate of potassa and digitalis—[is the latter a diuretic? EDS. M. & S. REP.]—and iodide of potassium in large doses. The pleural and pericardial complications are to be treated by blistering and *puncture of pleura or pericardium*, and, if necessary, *iodine injections.*

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2. *Cold Water in the Treatment of Cholera.*—Dr. T. B. Pinckard contributes two papers in the May and July Nos. of the *N. O. Med. and Surg. Journ.*, in which he asserts his claim to the 100,000

francs left by M. Bréant, of France, to be awarded to the person who discovers the cause of *cholera and its cure.* He divides this disease in regard to its treatment into three stages: premonitory or diarrhœal, true cholera, and collapse or death stage. He gives, in the first and second stages, this prescription: ℞.—Hydrarg. chlorid. mite ʒss; pulv. camphoræ, capsici, āā gr. xx; pulv. opii, pulv. zingib., quinine, āā gr. x.—M. Ft. in chart. No. x. One given "in a syrup of loaf sugar and brandy, washed down with brandy and water, etc." Sinapisms to the stomach, if nausea. In this stage give very little drink, as brandy and water, ginger-tea, etc. If the stomach is loaded, an emetic of salt, mustard, and warm water, and then continue the powders after each dejection. To children ⅛ to ¼ of a powder. Especially in the second stage, does he regard the salt emetic as invaluable. In the third, or stage of collapse, he gives cold water, *ad libitum*, and its curative effects seem wonderful. He considers that it acts by supplying the place of the serum that has been lost from the vessels; the exhalants being dry, absorb the water rapidly, and restore the circulation, which is being performed very imperfectly, on account of the blood not being in a sufficiently fluid state. Its immediate effect was to produce free, warm perspiration, and bilious discharges from the bowels, and restore completely the circulation. Many cases are mentioned by Dr. P., where collapse had come on, but speedily recovered by the use of cold water.

He gives, at some length, his opinion as to the cause and prevention of cholera. He considers the *electric fluid* as the life of man, and when the earth is deprived of its proper quantity, epidemics prevail. His article is valuable so far as it relates to his experience in cholera and its treatment, but the theoretical portion of it must be classed with much that has preceded it, of the same kind, by various authors.

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3. *Prepared Chalk and Lime-water for the Teeth.*—Dr. J. D. White, in the *Dental News Letter*, favors the use of these articles in cases where the teeth are in a carious condition. He mentions some very bad cases, where its employment produced surprising benefit. The prepared chalk was used as a dentifrice, and the lime-water was taken in the dose of a wineglassful, three times a day. In the cases mentioned, the cavities became polished, decay was arrested, the secretions of the mouth were less clammy, and the white sediment disappeared. The secretions of the mouth being acid in their reaction, the chalk acts locally, and the lime-water internally, as antacids.

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4. *New Method of Employing Muriate of Morphia in Toothache, Frontal Neuralgia, and Certain Trifacial Neuralgias.*—From an article in *L'Art Dentaire*, copied from a paper by M. Ebrard, in the

Journ. de Médecine de Lyon, we obtain some novel remarks concerning the use of this salt of morphine in certain neuralgias. M. Ebrard thinks the cause of this not always succeeding is in consequence of its not being properly employed. It should be employed in frictions on the gums of the affected side, and it thus produces remarkable results, often curing the toothache in an hour, or even half an hour. The remedy succeeded more especially when the pain extended over the face and temples, and also when it was intermittent, and the sulphate of quinia was indicated. It has been found equally applicable to all, though its greatest success has been noticed "in the nervous, feeble, impressible patients, fatigued by previous diseases, or who are the subjects of neurosis, &c."

He proceeds in the following manner: "The first day, preferably in the evening, three hours at least after the last repast, or during the sufferings, the patient takes with his finger, previously moistened, a quarter of a grain of the medicament; he rubs it about three minutes on the painful gum, then holding the head to the affected side, he abstains from spitting, or swallowing the saliva, which holds in solution the narcotic substance; he thus favors the contact, and consequently the absorption, for at least ten minutes.

"After this he swallows the saliva.

"Two hours after, this little operation is renewed if it has not been followed by any relief, or symptom of narcotism.

"The next day, if the trouble reappears (always with amelioration), the patient acts as before. If there has not been any amelioration, any sign of narcotism, he has recourse to two-thirds of a grain of morphine, taken in two doses, at an interval of two hours.

"When the disease resists this second trial, it is better to try another remedy, than to persist with this.

"The patient should also discontinue it from the moment that he feels his head heavy, that he feels dizzy, or a propensity to sleep; for the tissue of the gums possesses so great a power of absorption, that I have seen three *milligrammes* of muriate of morphia rubbed on the gums, produce the symptoms of narcotism."

In the frontal and naso-frontal neuralgias, M. Ebrard has employed this remedy, placed like snuff on the lining membrane of the nose. He employs thus ½ a grain to a grain, and has had very remarkable success.

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5. *Chloride of Lime and Chlorate of Potassa in Infantile Inflammation of the Gums.*—In *L'Art Dentaire*, M. Lucas Championnière quotes from the views of Dr. Henriette, as published by him in the *Journ. de Médecine de Bruxelles*, in which he highly recom-

mends these articles in inflammation of the gums in children. After remarking on the frequency and the gravity of this malady in infants, the author says, that of all the medicines recommended for their relief, the above mentioned are the most to be preferred.

"In truth, the application of the chloride of lime is quite painful, and the infants do not submit to it willingly, but if we think of the difficulties in its cure by other means, it will be considered that this objection is of slight importance. The first application should be made extensively and boldly, inasmuch as the following attempts will be more difficult, on account of the pain they produce, and that the infant has not forgotten what he suffered at first."

He employs the commercial chloride, and it should neither be in a liquid state, nor perfectly dry. He uses a *tampon* of wadding or charpie, by which to carry into the mouth a pinch of the lime; or we may equally use the ordinary spatula. Taking care with either method to bring it in contact with all the diseased surfaces, and isolating the cheeks by the interposition of wadding or charpie. The blood which flows at this moment from the gums, is soon arrested, and there is soon formed on the ulcers a plastic mass of pus, false membrane, blood, and chloride of lime, which the patient ejects, or which is removed by gargles.

Under the influence of this application, the stomatitis is soon relieved. He makes two applications a day, and it is rarely necessary longer than the fourth day. Of course these do not dispense with the constitutional remedies. In the use internally of the chlorate of potassa, he has been much disappointed, when it has been employed alone, though he uses it with other articles. His prescription is: ℞.—Mucilag. gum acac. fʒvj; potassa chloras ℈iijss; syr. quinquina fʒiss. Take a tablespoonful every hour.

He relates one case treated thus, in which the child, though suffering much when he first saw it, on the second day was considered as cured.

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6. *Donovan's Solution in Intermittent Fever.*—Dr. M. F. Brown, of Hannibal, Mo., in the *St. Louis Med. and Surg. Journal* for May, 1858, recommends Donovan's solution—the *liquor arsenici et hydrargyri iodidi* of the U. S. Dispensatory—in the treatment of intermittent, when, by its frequent returns, it has assumed an obstinate, and, to some extent, a chronic form. In cases complicated by enlargement of the spleen, he considers it superior to any agent of the materia medica. It contains arsenic enough to produce the full anti-periodic power of that remedy, while the mercury and iodine play an important part as alteratives, in arousing the torpid glandular system, and in changing the morbid condition of the secretions which is an invariable attendant upon long-continued intermittent fever.

Dr. Brown usually begins the treatment in cases in which chills have frequently returned at short intervals, by giving enough quinine to break up the regular paroxysms, and then begin with Donovan's solution in doses of ten drops three times a day taken in a little cold water *after* each meal. He usually continues giving it until one fluidounce has been taken. In some rare instances, the chill will return while giving the solution, in which he merely suspends it for a day or two, and, after giving a few doses of quinia, go on as before with the remedy. He has never known salivation to result from the use of the remedy.

(*c.*) OPHTHALMOLOGY.

1. *Vegetable Astringents as Collyria.*—The *Lancet* gives a report of some of the practice at the North London Ophthalmic Infirmary, under Mr. E. Hart, which favors the use of collyria made of the vegetable astringents. Mr. Hart advocates two general laws, by which he is guided in the choice of local applications. "1. That all kinds of collyria are objectionable which leave any sediments. 2. That vegetable solutions are to be preferred to mineral." The first excludes lead and zinc, which have frequently been objected to with justice, on account of their deposition of a permanent character on ulcerated surfaces. His preference for the vegetable collyria is founded upon a practical observation of the benefit derived in numbers of cases. He employs frequently, a collyrium of tannic acid with glycerin, a strong solution of which is very effective in the treatment of granular lids. In *asthenopia* and other forms of debilitated vision, he uses with advantage a solution of green tea.

But these remarks of Mr. Hart should not cause us to feel a prejudice against other mineral collyria, which have repeatedly been found of signal service, and which do not leave any sedimentary deposit.

(*d.*) OBSTETRICAL AND DISEASES OF WOMEN.

1. *Dysmenorrhœa, and Sterility resulting therefrom.*—In the *N. O. Med. News and Hospital Gaz.*, Dr. E. D. Fenner has a paper from which we obtain the following ideas: He obtained and has long used a *recipe* for dysmenorrhœa, which has shown itself of much value. It was originally obtained from a work by Dr. Falk, of London, and is as follows: ℞.—Gum guaiac, balsam canadens., āā ℥j; ol. sassafras, f℥ij; hydrarg. bichloride, ℈j; alcohol f℥viij. Dissolve the guaiac balsam in half the spirit, and the corrosive sublimate in the other. Let the first digest for several days, pour off the clear liquor, mix with that containing the sublimate, and add the oil.

Dose.—Ten or twenty drops night and morning in a glass of wine or water.

Other practitioners have found it of much value, and on page 189 of *Ellis' Med. Formulary*, he found it placed and recommended as an alterative by high authority, and also as a remedy for lues venerea.

Dr. Fenner usually directs "a day or two before the expected period, twenty-five drops night and morning, in an infusion of sage or sweetened water, until the discharge is freely established, then cease." Severe cases may require it ten days before, and if the pain appears, it should be taken every four or six hours till relieved.

If the pain is very persistent, he uses an anæsthetic, or the following: ℞.—Spt. camphoræ f℥iij; chloroformi f℥ij; tr. opii f℥j; teaspoonful in sweetened water every hour. Dysmenorrhœa being relieved by this treatment, conception almost invariably follows in married women. He gives several cases of much interest, in each of which the relief was speedy and permanent.

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2. *Sedatives in Diseases of the Womb and Morbid Menstruation.*—Dr. E. J. Tilt, Senior Physician to the Faringdon General Dispensary and Lying-in Charity, advocates, in the *Lancet*, the beneficial effects of sedatives as applied to the womb. In cases of ovario-uterine neuralgia, he uses—

℞.—Camphorated liniment f℥iv;
Tr. opii f℥ss;
Tr. aconiti f℥ij.—M.

Rubbed carefully for about five minutes on the lower portion of the abdomen, or sacral region, or both, if the pain is referred to both localities. This should be allowed to remain, and covered with a "wadding poultice," and kept in its place by oiled silk, applied around the abdomen, enveloping its lower part, thus forming a "sedative vapor bath." If this should be found ineffectual, sedatives may be administered by the rectum; as Battley's solution f℥j; tr. hyoscyami f℥j; aq. f℥iij; placed in an India-rubber bottle, filling up with warm milk, and injected into the rectum, twice a day. If necessary, we may add tr. belladonna f℥j, or tr. aconiti ℈j—ij, to the above. It may also be used as a vaginal injection, though by the rectum it is preferable. In a case of much irritation, he applied a grain of acetate of morphine, wrapped in cotton, and tied with twine of sufficient length to project from the vagina, in order to facilitate its removal. This he introduced by the aid of a speculum and forceps. In two or three days, he introduced two grains in the same manner, and four days after, three grains, with much benefit to the patient. The anodyne was dissolved by the fluids in the vagina, and the solution thus produced acted

gently on the uterus. Dr. Aran, of the *Hôpital St. Antoine*, follows the same idea. He lets fall a drachm or two of tinct. opii into the speculum, fixing the fluid in the vicinity of the womb by a tablespoonful of powdered starch. He repeats this every second or third day, and has never seen it followed by narcotism. This he has found very effectual in uterine and ovarian neuralgias, subsequent to inflammatory affections, or uterine deviations.

For the last six years, since Dr. Tilt has known the plan of Dr. Aran, he has, on concluding any surgical treatment, poured down the tube of the speculum a drachm of Battley's solution, and used the powdered starch to keep it *in situ;* and this even when no pain is complained of, as he considers it favors the rapidity of the cure. He prefers, however, as a general rule, the salts of morphia, used as above.

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3. *Natural and Artificial Lactation.*—We have been so much pleased with an article on this subject in the *American Journal of Medical Sciences*, by Dr. Wm. Cumming, that we are sure our readers will enjoy such portions of it as we can give in the following *resumé:*—

Dr. Cumming first comments upon the food of various animals in their various stages of germ life, and from these deduces the fact that the nutrition of the germ is carried on in four ways:—

"1st. Simply, as in the chicken, by absorption of the yolk-food.

"2d. The yolk-food being insufficient, by means of additional nutriment furnished by the parents, as among the greater number of birds.

"3d. The yolk-food being very small, by additional nutriment obtained by the larva during his active term. This mode we have found among reptiles, as well as among insects.

"4th. The yolk-food being very small, nutrition is carried on by two additional processes, in both of which the nutriment is obtained from the body of the mother:—

"1. By intra-uterine endosmosis.

"2. By lactation.

"These four modes may be thus indicated:—

"1st. The ovarian.

"2d. The ovarian and parental.

"3d. The ovarian and larval.

"4th. The ovarian, uterine, and mammary.

"Lactation is confined to the last of these four classes."

Lactation aids in the development of the animal, in the repair of its structures, the decomposition of which is very great in the young, and in the maintenance of the vital heat.

He then examines its qualities, chemically and physically.

Its liquidity is indispensable.

Its temperature must be that of the mother, in order not to

chill the stomach of the child. In order to supply the material for growth, etc., it must contain all the elements necessary for the formation of the body. He critically examines these elements, their functions and proportions. He shows the necessity, particularly, for the presence, in proper quantity, of the phosphorized oil, called lecithin; in the event of its failure, the consequences to be expected, as the failure of the nerve force, and a coincident failure of the circulation, heat, digestion, absorption, and secretion, terminating with inanition. In a note on the conditions of calorification, he says these are: Good air, *i. e.* with a due proportion of oxygen; good blood, *i. e.* with a sufficiency of combustible material; a due supply of good air in the pulmonary cells; a due supply of good blood in the pulmonary capillaries.

If one be deficient, the others exist in vain. If heat is to be evolved in sufficient quantity, we must have enough oxygen in the air, enough oil in the blood, a supply of nervous action to have free respiration, &c. Butter contains both fuel and the "material necessary for its proper combustion." If this fuel is short, necessarily, the consuming power is reduced. Hence, we see why starch-fed children are often fat, yet languid and weak. This article contains no azote, and does not nourish the tissues; no phosphorus, and hence no supply for the nerves.

In normal lactation, these troubles are not to be feared, as all these needed elements are found in proper proportion in the mother's milk. Then, from an analysis of the composition of the milk he gives—

Butter	20.76 lbs.
Casein	14.34 "
Sugar	75.02 "
Water	889.88 "

With 1.6238 lbs. of salts.

From this quantity of salts, the child receives sufficient dry solids to gain many pounds in weight each year, and at the same time keep up the repairs of the system. Hence, how necessary is it that the mother should be healthy and well-fed, etc., in order to supply the proper *quantum* to her offspring, and in its proper form.

But he comes to an important subject, one of deep concern to those who have the care of infants. When normal lactation fails, as it so frequently does, what are the substitutes most proper, and how may we know them? In the first place, any substitute must, in order to keep the child in a healthy condition, be as near like the mother's milk as possible. The milk of the cow is that most easily obtained, but this is far from being adapted to the wants of the case. Thus:—

Cow's milk contains—Butter	. .	38.59 lbs.
Casein	. .	40.75 "
Sugar	. .	53.97 "
Water	. .	866.69 "

Now, by dilution, we may reduce the butter to the proper amount, yet there still remains an enormous surplus of casein, which, as the child cannot digest, must necessarily produce great irritation in the alimentary canal, resulting in diarrhœa and vomiting.

"The food of infants should all be absorbed. During the fœtal state, the food of the body is obtained by endosmosis from the mother's blood. During the period of lactation, it comes from the mother's milk. In this milk there is no refuse matter; all is absorbed and passes into the circulation. No portion of the milk passes from the stomach through the intestinal canal to the rectum. The feces of infants are the excretions of the intestinal canal and its various glandular appendages. The lower part of the canal may thus be considered as the excreting duct of the liver, pancreas, and the glands of the mucous surface. What wonder, then, that this duct should be irritated by the presence of foreign bodies (lumps of curd, starch, granules, etc. etc.), and that this irritation should continue so long as these foreign bodies remain in contact with its surface? No fact is more interesting and important than this, that persistent diarrhœa often ceases at once, when suitable food is given. By suitable food, we mean food that is all absorbed. Three or four hours after the first dose of such food, the diarrhœa often ceases entirely. Bearing this truth in mind, let us never expect health so long as foreign bodies are found in the feces of infants. Even small and smooth particles of curd produce great irritation, and, in many cases, the ingestion of such food produces almost immediately a discharge of mucus, holding in suspension these offending substances."

We cannot, by dilution, reduce the casein, without reducing the amount of butter too much, which deprives the child of that especial and indispensable supply of fuel and nerve force. But we have another way to surmount this difficulty. "If we leave at rest, for four or five hours, ordinary cow's milk, and then remove and examine the upper third, we find in it 50 per cent. more butter than it first contained."

Then, by dilution, we may reduce the butter and *casein*, at the same time, to the proper amounts. Another way, and perhaps a better one, is "by using the latter half of the milk furnished by the cow," in which the right proportion exists, and by dilution, it may be brought to resemble, quite accurately, human milk.

"To show the accuracy of this imitation, let us prepare some of this milk by the addition of sugar and water. Its actual

composition is butter 54, casein 38, sugar 53, and water 855. By adding sugar 142, and water 1458, we have butter 54, casein 38, sugar 195, and water 2313. Reducing this to thousandths (that we may compare it with the composition of human milk, as previously given), we have butter 20.77, casein 14.61, sugar 75, and water 889.62. The difference is unworthy of notice."

The colostrum, if necessary, may also be thus imitated. This being very rich in butter, we must take "the upper *eighth* instead of the upper *third* of milk left to repose for four or five hours," or by using the last *tenth* of the milk furnished by the cow.

He gives a schedule by which to adapt the milk to the age of the child.

Schedule.

Child	3–10 days	Milk 1000	Water 2643	Sugar 243
"	10–30 "	"	" 2500	" 225
"	1 month	"	" 2250	" 204
"	2 months	"	" 1850	" 172
"	3 "	"	" 1500	" 144
"	4 "	"	" 1250	" 124
"	5 "	"	" 1000	" 104
"	6 "	"	" 875	" 94
"	7 "	"	" 750	" 84
"	9 "	"	" 675	" 78
"	11 "	"	" 625	" 73
"	14 "	"	" 550	" 67
"	18 "	"	" 500	" 63

This food must be taken by suction, for obvious reasons. It is the natural mode; we thus get at a uniform temperature; we have a free flow of saliva; and may feed it in the recumbent posture, the natural position.

The quantity for a child ten days old, should be 32 ounces daily, in 4 ounce doses, at regular intervals, and not too rapidly.

He speaks forcibly, *but not too forcibly*, on the evils of training of young girls; thus producing exceedingly bad persons to perform properly the duties of mothers, and in consequence, the children must suffer; and if they grow up at all, grow up puny and miserable. These mothers should be taught how to prepare the artificial milk in place of their deficient supply, and thus, one great cause of mortality among the infants of our cities be removed, and the rates be sufficiently lessened, as not to present the terrible fact of one-half of our children dying ere they have reached the age of two years.

We may thus dispense with an enormous amount of drugging among infants, a practice which we have always held in abhorrence, and it has ever been with much reluctance that we have

prescribed for a child under one year, knowing too well the enormous amount of medicine the poor thing was destined, "in the natural order of things," to take into its stomach, and eliminate from its system, in the ordinary term of life.

(*e.*) EPIDEMIOLOGY.

1. *Pestilential Diseases, and the Laws which govern their Propagation.*—From Dr. E. Harris's letter, in reply to the Quarantine Commissioners, we abstract the following. He only considers in his remarks, those diseases which are likely to be sources of danger to the city of New York, viz.: smallpox, typhus, cholera, and yellow fever. He infers from all that is known concerning smallpox, that complete protection from it may be secured by locating the quarantine station where the winds have unobstructed sweep, about half a mile distant from the shore, and the track of vessels. If vaccination were properly attended to, "smallpox might be struck from the catalogue of diseases requiring the detention of vessels and cargoes at quarantine.

"As regards the infectious nature of ship fever, there can be no doubt that it has the property of reproducing the specific poison or virus upon which it depends, and by which it may very readily be communicated for a short distance from the sick person." Free ventilation and proper cleansing quickly render it inoperative. The ships need to be kept at a distance only to prevent intercourse with those on shore for a time.

As Asiatic cholera is imperfectly known in relation to its causes and nature, it is necessary to observe care. *Much can be done by quarantine to restrict its advance.* To support this, he mentions the fact, that repeatedly, when the whole country has been free, it has spread from the cholera wards in the hospital, as a most virulent endemic. From this and other causes, he infers that "it does not necessarily become very widely diffused without the aid of human agencies." Hence it is manifestly expedient to have a thorough cleansing and ventilation, before approaching the city.

Yellow Fever.—Concerning this scourge, he considers the greatest certainty attaches to the following conclusions:—

"1st. The infection of yellow fever has been repeatedly conveyed to the port of New York, by vessels from southern and West India ports, when, and only when, that malady has been prevalent in those ports of departure, and no case of that fever has occurred in New York during the present century, except at such times.

"2d. For the last forty years, yellow fever has occurred in that city, only as the result of a direct importation of the infection or virus of that fever from southern ports.

"3d. Vessels from ports where the fever is epidemic, should be quarantined.

"4th. The accumulation of infected vessels and their cargoes is highly dangerous to all who come in near proximity thereto.

"5th. Lighterage of cargoes from such should be prohibited, and a warehouse provided near by, in which to store the cargo, and the vessels then allowed to leave on their return.

"6th. Goods should not be transferred from the warehouse till frost occurs; yet they might be on sale by *samples* specially disinfected by artificial cold."

The distance to which its infection spreads inland is very limited, never yet beyond half a mile. Strong sea-breezes have a very perceptible effect in ameliorating the violence of yellow fever, as in land-locked or mountain-shielded ports, these epidemics are frightfully malignant and uncontrollable.

"The Quarantine Station should be so located as to secure 1st. Ample and safe warehousing facilities, and convenient wharfage, at which all infected vessels might discharge their cargoes without delay, and without the hazardous and expensive practice of employing lighters and lightermen.

"2d. Warehouses so situated and so constructed as to insure the best natural ventilation possible, added to appliances and power to afford to each store-loft the most complete provision for artificial ventilation and disinfection.

"3d. As absolutely indispensable to the safety of the public health of all cities and towns near the harbor of any city, the quarantine establishment, and its anchorage for infected vessels must be so situated as to preclude the possibility of clandestine and accidental intercourse with the sources of infection, &c."

MEDICAL SOCIETIES AND CLINICAL REPORTS.

ART. VI.—*Bellevue Hospital*, New York. *Pneumonia treated with Calomel.* By SAMUEL R. FORMAN, M. D.

M. M——, aged 20, a native of Ireland, by occupation a domestic, came into the wards of Bellevue Hospital, April 24th, 1858.

Patient is a large, strong woman, of fair complexion. She says she has never been sick, and suffers from no hereditary disease, though some of her immediate relations have died of phthisis.

On Tuesday the 20th inst., she was out and got her feet wet; that night she was taken sick, had a chill, followed by fever, pain

in the side, cough, and dyspnœa. On the following Saturday she came in. Her face was flushed; skin hot and pungent; pulse 120, and full; respiration hurried; tongue coated, but not dry; cough severe; sputa viscid and reddish. On auscultation a crepitant rale, bronchial breathing, and bronchophony, with dulness on percussion, were found over the lower lobe of the left lung. The right side presented no abnormal physical signs. Twenty dry cups were applied over the seat of dulness; an oiled silk jacket was put on, and over that a flannel one, and an eighth of a grain of tartar emetic every hour ordered. She took during the day about a grain and a half; her pulse ran up to 136, and respiration became more frequent; no sweating, but nausea and vomiting occurred. At night a change was made to Dover's powder, but, through mistake, she got but ten grains.

On the morning of the 20th, she was ordered a grain of ipecac every hour, which produced nausea but no perspiration; pulse and respiration were still very frequent; face now anxious, a livid flush high up on the cheeks. A hot air bath was given, which depressed her somewhat, but, for the time, produced perspiration. At night Dover's powder was again administered, but did not effect a good rest.

April 27th, at morning visit patient was worse. Countenance livid; pulse weak, 140 to 150; respiration over 50; ordered alcoholic stimulus, and a drachm of the following mixture every hour:—

℞.—Ammon. carb., ʒj;
Syr. senegæ,
Syr. scillæ, aā f ʒss;
Tr. opii camph., f ʒj.—M.

There was a good deal of cough, and the sputa were of a deeper red. The prognosis of every one who saw her was eminently unfavorable. The visiting physician (Dr. Clark) remarked that there was one chance left for her, and advised her to be put on large doses of calomel; he had seen one desperate case saved by it. By his direction, therefore, she was given ten grs. at 4 o'clock; ten more at 7; and ten more at 10; every three hours after three grains were to be given till purgation occurred. Stimulants (whiskey) continued to be administered. In the evening, pulse still high, 130 to 150; respiration hurried, from 50 to 60, and

labored, attended with a moaning noise. Patient very restless, but sweating.

At 7½ A. M., on the 28th, pulse 130; respiration 56; moaning ceased; sweating still; cough continues, but no sputa. A slight improvement in the countenance is all the change perceptible; eight grs. of the carbonate of ammonia given every two hours. At 8½ the respiration had fallen to 38; at 9½ had risen to 48; pulse same. During the morning she was somewhat somnolent and had some nausea; the pulse ranged from 124 to 134; respiration from 44 to 57; she complained of some pain in the side, chiefly on moving. In the afternoon the pulse fell to 124; respiration kept pretty steady at 48; the tongue was thickly furred; before midnight her bowels were moved three times, the first at about 5 o'clock.

April 29th, 6 A. M. Pulse 120; respiration 42. The expression of her face is entirely changed for the better; she has had a good deal of cough through the night; the expectoration is light colored, bronchitic, not copious; slight perspiration; bowels moved twice; tongue still thickly furred. During the morning she slept some; her pulse came down to 114, and respiration to 39. In the afternoon her pulse held steadily at 120; respiration fluctuated from 36 to 48. About 9 P. M., perspiration stopped; she became restless and anxious; respiration 48, and moaning; pulse 120; at 10 P. M. she took ⅛ gr. of the sulphate of morphia with f℥j of whiskey. She passed the rest of the night pretty comfortably.

During the 30th no improvement was manifested, except that her skin became of natural temperature and moisture; tongue a little cleaner; and countenance brighter; she passed the night taking eight grs. of the carbonate of ammonia every two hours. Vomited once.

On the 1st of May her pulse came down to 116, and respiration to 30; tongue still cleaning.

On the 2d, a physical examination showed the signs of resolving pneumonia on the affected side, and of bronchitis in both. The minimum of the pulse was 93, of respiration 34. On the 3d, *no dulness, no rales, no bronchophony, no physical signs of disease whatever.*

She continued improving steadily but slowly, and went out the latter part of the next month. No salivation occurred; a red line was noticed on the gums a few days after taking the mercurial.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—*A Manual of Psychological Medicine:* containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases. By JOHN CHARLES BUCKNILL, M. D., Lond., Medical Superintendent of the Devon County (Eng.) Lunatic Asylum, Editor of the *Asylum Journal of Medical Science*, etc. etc.; and by DANIEL H. TUKE, M. D., Lecturer on Psychological Medicine, Visiting Medical Officer to the York Retreat, etc. etc. Pp. 536. Philadelphia: Blanchard & Lea, 1858.

THIS work was undertaken by its authors to supply what they regarded as a serious want to students and practitioners of medicine, there being no systematic treatise on insanity suitable for the student and practitioner except Prichard's, published twenty-five years ago.

The work is divided into ten chapters, seven by Dr. Tuke, and the remainder, with an appendix of cases, by Dr. Bucknill.

Chapter first gives an *Historical Sketch of Insanity among the Nations of Antiquity, mainly in regard to its Extent.* In this chapter our author enters briefly on the discussion of the questions—"What is the effect of the progress of civilization upon mental disease? How far did the civilization of the most civilized periods of ancient history extend?" An examination into the manners and history of ancient nations, leads him to the conclusion that there did not exist, among the nations of antiquity, that form or that extent of civilization, which is now to be found among the yet more highly civilized nations of modern Europe, and which, as he believes, tends, in some degree, to exhaust or derange the mental powers. He then goes on to show, by quotations from ancient writers, that insanity was by no means unknown to them, as many instances of the disease are recorded by them and references made to it.

Chapter second is devoted to a consideration of the *Opinions of Ancient Medical Writers on the Treatment of the Insane.* We cannot help noticing how crude, how almost barbarous, were the notions of many of the ancients on the treatment of the insane, and yet how slow have mankind been to adopt those humane principles of treatment which were foreshadowed in the writings of at least one of the authors of that period—Cælius Aurelianus! Music, attention to the diet, the application of cold, bathing, bloodletting, the use of hellebore, bodily restraint, stripes, and

chains, were among the plans of treatment recommended. Celsus held the most barbarous notions on this subject of any of the ancient writers, and Cælius Aurelianus appears to have held more just conceptions and enlightened views on it than any of the other ancient writers. If space allowed, it would be instructive to give an outline of the recommendations of the latter. It is certainly much to be wondered at, that views so eminently humane and well founded, should ever have been lost sight of in the treatment of this class of unfortunates.

Chapter third is devoted to a consideration of the *Bearing of Modern Civilization on Insanity.* Dr. Tuke begins this chapter by commenting on some points of fallacy in regard to the proportional increase of the subjects of insanity. One source of fallacy is in comparing the whole number of insane with a given population, instead of running the comparison between the population at a given time, and those who in the same time *become* insane. Due regard should also be had in making such estimates, to the rate of mortality, bearing in mind that the rate of mortality is greater among the insane than among the sane (p. 265).

In England—so, also, in all civilized countries—there are two reasons why the proportion of the insane to the population appears to be greater than was formerly the case. The first is, that the disease is recognized as such to a far greater extent than formerly; and the second is, that we know, to a much greater extent than heretofore, the number of insane throughout the country. On the other hand, as our author observes, among uncivilized nations, weakly children, including imbeciles, are generally neglected, and, among some nations, put to death. Our author proceeds to quote the testimony of persons who have enjoyed opportunities of observing in regard to the prevalence of mental diseases among uncivilized nations. He quotes Drs. Rush, Lillybridge, and Butler (the father of the writer of this notice), in regard to the North American Indians—Drs. Moreau, Greyson, Aubert, Hadgi, Furnari, and Capt. Cousin, in respect to Africa—Drs. De Forest and Paulding in regard to Syria—Drs. McGowan, Hepburn, and Wise, and Messrs. Williams and Caleb Cushing, in regard to China and India; and lastly, that of Capt. Wilkes, of the U. S. Exploring Expedition, in respect to the South Sea Islands. Many of the above were missionaries, and resided for years among the people concerning whom they gave testimony, and they all unite in testifying that, according to their observation, mental diseases are very rare among uncivilized nations.

In view of the above facts, Dr. Tuke presents the following as the conclusions to which they lead him:—

"1. That, while the greater facilities which exist in civilized countries for obtaining a knowledge of the numbers of the insane, and the greater degree in which the disease is recognized, render

any just comparison very difficult, and tend to show a much larger proportion than is usually the case, there can be little doubt, nevertheless, after making due allowance for this source of error, that insanity attains its maximum development among civilized nations; remaining at a minimum among barbarous nations, as well as among children, and animals below man.

"2. That, having regard to the main causes of insanity, there can be no reasonable doubt, that in modern civilized society, these outweigh those circumstances which might be supposed to favor mental health; these unfavorable causes being, principally, the increased susceptibility of the emotions to slight impressions, consequent upon their constant cultivation—the abuse of stimulants —and the overwork to which the brain is subjected, especially in early life, by an overwrought system of education—the higher emotions or moral sentiments, the lower propensities and the intellectual faculties, being thus all subjected, separately or combined, to an amount of excitement unknown to savage tribes.

"3. That, inasmuch as all civilization is, up to the present time, to be regarded as imperfect and transitionary, it does not necessarily follow, from the foregoing, that civilization, carried out to its perfect development, a civilization which should exactly temper the force of the emotions, moderate intellectual exertion, and banish intemperance, it does not follow, perhaps, that such a civilization as this would generate mental disease. Even such a condition of society as this, however (which, it is to be feared, will never be realized), would, we believe, present greater danger to the integrity of the great centre of the nervous system than a state of barbarism."

Chapter fourth is devoted to the subject of the *Amelioration of the Condition of the Insane in Modern Times, especially in Regard to Mechanical Restraints.* We are informed that, in 1845, Lord Ashley (now the Earl of Shaftesbury), in a speech in the House of Commons, remarked "that the whole history of the world, until the era of the Reformation, does not afford an instance of a single receptacle[1] assigned to the protection and care of these unhappy sufferers, whose malady was looked upon as hardly within the reach or hope of medical aid. If dangerous, they were incarcerated in the common prisons; if of a certain rank in society, they were shut up in their houses, under the care of appropriate guardians. Chains, whips, darkness, and solitude were the approved and only remedies."

The first step was to provide asylums, and then it was many years before the humane and correct principles of treatment laid down by Cælius Aurelianus began to take the place of the bar-

[1] "Though substantially true, this is not literally correct. One existed at Jerusalem so early as the fifth century."

barous recommendations of Celsus. In the year 1547, Henry the Eighth took possession of the monastery or hospital of St. Mary of Bethlem, and presented it to the city of London, with an order that it should be converted into a house for the reception of lunatics. This was the first asylum provided for the insane in England. Its location was very unfavorable, and its size too small for the accommodation of those requiring an asylum. A new building was erected in 1675, capable of accommodating a much larger number of patients. In 1751, St. Luke's Hospital was established in London; and from this time the number of hospitals and asylums steadily increased.

Our author furnishes the following, which may be regarded as indicative of the kind of treatment pursued by the highest medical men four hundred years ago. Henry the Sixth, in whom mental disease was hereditary, had five physicians and surgeons appointed to attend him, who were empowered to administer "electuaries, potions, and syrups, confections and laxative medicines, in any form that might be thought best; baths, fomentations, embrocations, unctions, plasters, shavings of the head, and scarifications." The course of treatment pursued in Bethlem Hospital is gathered from the following description by Dr. Tyson, who was its physician from 1684 to 1703: "As to the care and cure of the patients, here is, undoubtedly, the greatest provision made for them of any public charity in the world; each having a convenient room and apartment to themselves, where they are locked up at night, and in it a place for a bed; or if they are so senseless as not to be fit to make use of one, they are every day provided with fresh clean straw. Those that are fit for it, at convenient hours, have liberty to walk in the long galleries, which are large and noble. For the summer time, to air themselves, there are two large grass-plats—one for the men, the other for the women; in the winter, a stove for each apart, where a good fire is kept to warm them; in the hot weather, a very convenient bath place, to cool and wash them; which is of great service in airing their lunacy, and is easily made a hot bath for restoring their limbs when numb, or cleaning and preserving them from scurvy, &c. Their diet is extraordinary good, and proper for them, which every week is viewed by a committee of the governors. . . . There is nothing of violence suffered to be offered to any patient, but they are treated with all the care and tenderness imaginable. If raving or furious, they are confined from doing themselves or others mischief; and it is to the credit of the hospital, that in so great a number of lunatics that are constantly kept there, it is very rare, in many years, any one patient makes away with himself. . . . The time of cure is uncertain; some have been cured in a month, others in two or three, and some continue distracted many years."

But it was not long before these humane principles were sadly departed from. On this subject, we have the following testimony given before a committee of the House of Commons, in 1815:—

"A miserable and empirical routine marked the treatment. To the question, 'Has there not been a rule in the hospital, for a certain number of years, that in certain months of the year particular classes of the patients should be physicked, bled, bathed, and vomited, at given periods?' the reply from Bethlem was in the affirmative. Twice in the year the patients, with few exceptions, were bled. 'After they have been bled,' said the physician, in evidence, 'they take vomits once a week, for a certain number of weeks; after that, we purge the patients. That has been the practice, invariably, for years—long before my time.'

"In regard to the means of coercion employed, it was stated that the patients 'are generally chained to the wall with manacles.' When inquiry was made regarding the use of strait waistcoats, it was replied, 'I do not believe there are any strait waistcoats in Bethlem now, or very few, indeed; they generally use irons.' The objection to strait waistcoats was, that the patients 'could not help themselves in strait waistcoats; they are so excessively long in the hospital without being seen by anybody, in a dark place; in winter, from four o'clock to six or seven in the morning. If they were in a strait waistcoat, they could not assist themselves the least in the world.'[1] When, in the following year, the head-keeper of Bethlem Hospital was asked, 'Was it not the practice in old Bethlem—not in the late gallery, but in the gallery pulled down—for eight, ten, or more patients to be fastened to the tables, almost in a stage of perfect nakedness?' he replied, 'Yes; they used to think they tore their clothes all to pieces; some of them would do that.' 'In point of fact, were they not fastened to the tables, sitting, in a state of perfect nudity?' *Answer.* 'They used to be so at the table; they were chained all round.'

"The case of Norris, who was loaded with heavy irons for ten or twelve years, will be best dismissed by simply extracting the entries having reference to him, from the smith's day-book, with his comments in evidence. 'June 23, 1804, Bethlem. To a new round rail-bar, for head of bedstead, in one of the cells for Norris, seven feet long: To a new collar for Norris's neck, with two new joints to ditto, and two basils for his arms, and five chains and seven rings to go over the round bar: To two men one day and a half boring holes through brick walls, and fixing the round bars and rivets, and riveting on the neck-collar and basil, by order of the Committee. The round rail was that which went through

[1] "Report of the Committee of the House of Commons on Madhouses in England, together with Minutes of Evidence, 11th July, 1815."

from one cell to the other, and the bolts going through were to hold that round rail; then the collar had seven links to let him up and down.'[1] But this was not the whole of the apparatus by which perfect security was endeavored to be attained. A committee appointed to investigate this very case, in 1814, state that there was also an open-worked frame (of iron), the lower part of which encircled the body, and the upper part of which passed over the shoulders, having on either side apertures for the arms, which encircled them above the elbow, but left the lower part of the arms hanging down and at liberty, . . . and a chain passing from the ankle of the patient to the foot of the bed, by which additional security appears to have been obtained, and a habit of kicking (to which the patient was particularly addicted) was restrained.[2] Yet this was the apparatus so ingeniously cruel, respecting which Haslam, the apothecary at Bethlem, when asked, 'Do you think that his confinement in that manner, during the whole of that period, was necessary?' replied, 'Decidedly.'

"The matron of Bethlem Hospital (who was elected January, 1815) gave evidence that, when she was appointed, there were about twenty patients under personal restraint out of between fifty and sixty patients. 'The custom when I first went was, only to get them up three days of the week—never on meat days; they lie in bed four days in the week.' She also stated, that one of the female patients had been chained for eight years, but had not required restraint since she had been there."[3]

And as late as in 1844, the Commissioners, in their report, describe an asylum which was "deficient in every comfort, and almost every convenience. The refractory patients were confined in strong chairs, their arms being also fastened to the chair. One of these—a woman—was entirely naked, on both the days the Commissioners visited the asylum, and, without doubt, during the night. The stench was so offensive, that it was almost impossible to remain there." In another asylum, "in the small cheerless day-room of the males, with only one (unglazed) window, five men were restrained by leg-locks called hobbles, and two were wearing, in addition, iron handcuffs and fetters, from the wrist to the ankle; they were all tranquil. Chains were fastened to the floors in many places, and to many of the bedsteads." Of another house, the Commissioners report: "In one of the cells for the women, the dimensions of which were eight feet by four, and in which there was no table, and only two wooden seats, we found three females confined. There was no

[1] "First Annual Report on Madhouses, 1816, p. 69."
[2] "Report on Madhouses, 1815. Appendix, No. 3.—[Report of Select Committee, June 23, 1814.]"
[3] "First Annual Report on Madhouses, 1816, p. 95."

glazing to the window, and the floor of the place was perfectly wet with urine. The two dark cells which joined the cell used for a day-room are the sleeping-places of these three unfortunate beings. Two of them sleep in two cribs in one cell. The floor in the cell with two cribs was actually reeking with urine, and covered with straw and filth. There is no window, and no place for light or air, except a grate over the doors."

And again, Dr. W. A. F. Browne says: "Let us pass a few minutes in an asylum, as formerly regulated; and, from the impression made by so brief a visit, let us judge of the effects which years or a lifetime, spent amid such scenes, was calculated to produce. The building was gloomy, placed in some low, confined situation; without windows to the front, every chink barred and grated—a perfect gaol. As you enter, a creak of bolts, and the clank of chains, are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Carib; carries (fit accompaniment) a whip and a bunch of keys, and speaks in harsh monosyllables. The first common room you examine—measuring twelve feet long by seven wide, with a window which does not open—is perhaps for females. Ten of them, with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence, and much of the feeling which, in other days, ennobled their nature. In shame or sorrow, one of them perhaps utters a cry; a blow, which brings the blood from the temple, the tear from the eye—an additional chain, a gag, and indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel eight feet square, with an unglazed air-hole eight inches in diameter; in this, you are told, five women sleep. The floor is covered, the walls bedaubed, with filth and excrement; no bedding but wet decayed straw is allowed; and the stench is so unsupportable, that you turn away and hasten from the scene."

But, happily, there is another side to this picture; for, in the midst of all this sad mismanagement and cruelty, a change was gradually taking place, and the humane principles of treatment now so happily in vogue were being established. Says Dr. Tuke: "The year 1792 will ever be memorable in the history of the treatment of the insane." And Dr. Thurnam: "By a singular and interesting coincidence, it was in the spring of 1792, the very year in which the celebrated Pinel commenced the amelioration of the treatment of the insane in France, by the truly courageous act of unchaining fifty supposed incurable and dangerous lunatics

at the Bicêtre, that the establishment of the Retreat (at York) was proposed by the late William Tuke."[1] "Each," it is observed in the *American Journal of Insanity*, "each perceived the wretchedness, the misery, the sufferings of the insane around him. Each was moved to compassion. Each resolved to effect a reform in their treatment. Each succeeded. This recognition of service to humanity is due to each. To each we freely accord it."

It is to the humane principles by which the Society of Friends has ever been actuated in their dealings with their fellow-men, and in which they have ever been in advance of their times, that we owe the establishment of an asylum which was destined to exert an influence in revolutionizing the whole system of treating the insane. The circumstances which led to the establishment of the "York Retreat" are as follows: "In 1791, some of the members of the Society of Friends sent one of their family, a lady, for care, to the 'York Asylum.' The rules of the asylum forbade her friends to see her; she died; something wrong was suspected; and from that day, the Society of Friends determined to establish an institution in which there should be no secrecy. William Tuke[2] was the great founder of the new asylum; and, from the first, he and his friends pursued, in their institution, those principles which are now universally acknowledged."[3]

"The new institution was to be 'in an airy situation,' and to have 'a few acres for keeping cows, and for garden ground for the family, which will afford scope for the patients to take exercise, when that may be prudent and suitable.' The prospectus expresses the desire to introduce 'cheerful and salutary amusements;' and another paragraph speaks of the wish 'to cherish in their patients the strengthening and consolatory principles of religion and virtue.' The institution was called *The Retreat*, by which it 'was intended to convey the idea of what such an institution should be, namely, a place in which the unhappy might find a refuge; a quiet haven in which the shattered bark might obtain the means of reparation or of safety.' The first report speaks of the introduction of suitable employment, in order 'to relieve the languor of idleness, and prevent the indulgence of gloomy sensations;' and alludes to the custom of forming tea-parties, at which the officers entertained their guests—the patients. Into these plans, Jepson (appointed to superintend the institution at an early period of its history) most heartily entered, and largely contributed, by his benevolence and skill, to the success of the institution.

[1] "Born 1732, died 1822. A sketch of his life will be found in the 'Journal of Psychological Medicine,' October, 1855."

[2] The father, we presume, of our author.—Ed. Med. and Surg. Rep.

[3] "Dr. Conolly's speech at Willis's Rooms."

"The managers of the Retreat did not at once perceive how far the lunatic might be permitted to enjoy liberty, or to what extent his feelings and better nature might be effectually appealed to. But no chains of any kind, no hobbles, leg-locks, or handcuffs, were employed from the opening of the establishment. A patient was admitted who had been for twenty years chained and naked. With the exception of the occasional use of arm-straps, no personal restraint was employed from the moment of his admission. He was soon induced to wear clothes and adopt orderly habits. Another patient had nearly lost the use of his limbs from similar usage, and, for some time after his admission, it was necessary to lead him about like an infant. He was found to require no restraint, and was, after a while, able to walk without assistance. When one of his friends visited him, and asked him what he called the place, he replied, with great earnestness, 'Eden, Eden, Eden!'

"The two modes of restraint resorted to were either the strait waistcoat, or a belt to which the arms were attached so as to prevent mischief, but allowing of considerable motion.[1] When the waistcoat was employed, it was solely for the purpose of preventing what was regarded as dangerous violence, and was not applied as an instrument of suffering and punishment. It was reserved to others to show, that even the strait waistcoat is not essential to the safe custody of the insane; at the same time, the restraints above referred to were not to be compared with the chains for which they were substituted. 'Certainly,' observes Dr. Conolly, 'restraint was not altogether abolished by them (the early managers of the Retreat), but they undoubtedly began the new system of treatment in this country, and the restraints they did continue to resort to were of the mildest kind.'

"In the general arrangement of the house, in the size of the rooms, and especially in the avoidance of a gloomy, prison-like aspect, they anticipated, to a remarkable extent, the principles now admitted in reference to the construction of asylums for the insane. They entirely discarded the practice, then common in even the very best asylums, of having apertures guarded by strong iron bars and shutters (in the place of glazed windows), in the cells of the poorer patients. These shutters, when closed, of course excluded both light and air. Iron sashes, glazed, were employed throughout the Retreat."

The credit of first asserting and carrying out the principle of the entire abolition of mechanical restraint in the treatment of the insane, seems to belong to Mr. Hill of the Lincoln Asylum, though he frankly acknowledges that to the steady support of his

[1] "Evidence before a Committee of the House of Commons, 1815, p. 198."

predecessor, Dr. Charlesworth, at whose suggestions many of the more cruel instruments of restraint had long since been destroyed, he owes chiefly the success that has attended his plans and labors. How prevalent this principle has become in the treatment of the insane, is evident from the fact that in 1854, "in about twenty-seven public or county asylums in England and Wales, out of about thirty, mechanical restraints had then become wholly abolished, these asylums containing altogether about 10,000 patients. In nine out of fourteen institutions for the insane, called hospitals, it also appeared, that restraints were no longer resorted to; these including Bethlem Hospital and St. Luke's; and the total number of insane patients in the hospitals exceeding 900."

Chapter fifth treats of the *Definition of Insanity, and of Classification.* Without examining into the merits or demerits of the various definitions given by different authors, we will give that of Dr. Bucknill, which seems to be at once comprehensive and as exact perhaps as the nature of the case will allow. He regards insanity as "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately and conjointly been produced by disease."

After adverting to the various plans of classification of insanity proposed by different writers, and having spoken of the difficulty of giving a classification free from objection, our author proposes the following, based upon an analysis of the mind, though upon no certainly proved physiological system.

He speaks of these divisions as, after all, only the points and headlands of a recently discovered coast, which navigators have but partially delineated.

DISORDERS OF THE MIND INVOLVING—

CLASS I.—*The Intellect.*

	FORMS OF INSANITY.
Order 1. Development incomplete.	IDIOCY. IMBECILITY.
Order 2. Invasion of disease after development.	DEMENTIA. MONOMANIA (Intellectual). INCLUDING Delusions. Illusions. Hallucinations.

CLASS II.—*The Moral Sentiments.*

Order 1. Development incomplete.	MORAL IDIOCY. (?) MORAL IMBECILITY.

Order 2. Invasion of disease after development.
- Moral Insanity.
- Melancholia—
  1. Religious.
  2. Hypochondriacal.
  3. Nostalgic.
- Exaltation, regarding
  1. Religion.
  2. Pride.
  3. Vanity.
  4. Ambition.

Class III.—*The Propensities.*

Order I. General.
- Mania (usually a disorder of all the faculties).

Order 2. Partial.
- Homicidal Mania.
- Suicidal Mania.
- Kleptomania.
- Erotomania.
- Pyromania.
- Dipsomania.

Our author does not, however, venture to carry out this classification in the work before us, but rests satisfied with simply placing before the reader little more than the typical forms of mental disease, with but slight reference to mental analysis, and with none to the pathological conditions with which these forms are doubtless associated but which hitherto have eluded the most searching examination of the scalpel or the microscope, so far as regards the particular character of the disease, or the locality affected in connection with particular forms of insanity. Idiocy, Dementia, Monomania, Melancholia, Mania, these may be said to constitute the generally recognized classification of insanity; and it is one which, so far as it goes, it is on several accounts practically convenient to retain. We shall not reject these terms; but the following more comprehensive grouping is added, in the hope that it may assist the reader. It will also serve to indicate the order in which, for the most part, the various forms of mental disease will be treated of in the subsequent chapters. Examples of Monomania may occur under either Delusional or Emotional Insanity.

Idiocy.

Dementia.
- Primary.
- Secondary.

Delusional Insanity.
- Of a melancholy character.
- Of an exalted character.
- Of a destructive character.

Emotional Insanity.	Melancholia, without delusion.
	Mania, with general extravagance of conduct ("Moral Insanity").
	" with disposition to homicide.
	" with disposition to suicide.
	" with disposition to theft, &c.
Mania.	Acute.
	Chronic.

All the above forms of Mental Disorder may be complicated with General Paralysis, or with Epilepsy.

Chapter sixth is taken up with a notice of the *Various Forms of Mental Disease.*

Chapter seventh is devoted to the *Statistics of Insanity*, and it is an exceedingly interesting and important chapter. Among the causes of insanity, hereditary predisposition holds a very prominent place, as is plainly shown by statistics. In this connection it would seem to have been shown that the insanity of the mother is more frequently hereditary than that of the father; that in cases of hereditary transmission the disease of the mother is transmitted to a greater number of the offspring than that of the father; and that insanity is more frequently transmitted from the mother to the daughters, and from the father to the sons. As to the relative liability of the sexes to insanity it seems to be shown that men are more frequently its subjects than women, because more frequently exposed to the predisposing and exciting causes.

There would appear to be an increased liability to insanity connected with the age between twenty and thirty, because man during that period is brought into contact with an increased number of the causes of insanity.

While the access of insanity is shown to be more frequent in the summer than in the cooler months, it is also shown that the disease prevails more in cold than in warm climates.

The influence of occupation on the production of mental disease is one of great interest, and we give place to the following tables, the first of the kind, as far as the author is aware, ever published. These tables are prepared by taking the numbers (of the same population) in England and Wales, engaged in various occupations, according to the returns and classification of the last census, viz., 1851; then taking the numbers of the insane in asylums previously engaged in the same occupations (also taken from the census); and lastly calculating the proportion per 10,000. Thus the census gives 49,714 persons under the head of "seamstresses and milliners;" while under the same designation, report is made of 422 lunatics in asylums—giving a pro-

portion per 10,000 of 84.9. In other words, of 10,000 women so engaged, 84.9 are insane. It will be readily seen that this is a very perfect method of calculation—we therefore copy the tables taking the liberty to condense them somewhat.

OCCUPATION. (*In Classes.*)	Proportion of Lunatics in Asylums to the sane per 10,000. MALE.	FEMALE.
Laborers and Mechanics (branch undefined, and exclusive of those engaged on land)	40.2	146.3
Persons of rank or property, not returned under any occupation	95.7	32.7
Persons engaged about animals		40.3
Persons entertaining, clothing, and performing personal offices for man	13.94	36.98
Learned professions	34.38	15.6
Persons engaged in the general or local government of the country	26.91	
Persons who buy or sell, keep, let, or lend money, houses, or goods	26.6	
Persons engaged in literature, fine arts, sciences.	22.6	26.2
" " in defence of the country	23.32	
" " in art and mechanical produce.	10.6	17.8
" " about vegetable matters	14.5	10.2
Persons engaged in conveyance of men, animals, goods, messages	12.06	12.0
Persons who buy or sell, keep, let, or lend money, houses, or goods	10.3[1]	
Persons engaged in working or dealing in animal matters	10.2	4.02
Persons engaged using or dealing in minerals	6.9	7.5
Persons possessing or working the land	3.3	1.3

[1] We would suggest the probability of there being a typographical error here in placing these figures in the male instead of the female column.—Ed. Med. and Surg. Rep.

OCCUPATION. (In Sub-Classes.)	Proportion in 10,000 Lunatics in Asylums. M.	F.
Seamstress and milliner		84.9
Actor and engaged about theatre		72.08
Merchant	53.4	
Tobacconist		52.4
Commercial clerk	43.2	
Lawyer	43.02	
Physician and surgeon	42.93	
Laundress and charwoman		41.3
Hawker and peddler	39.3	20.6
Porter and messenger	16.3	38.8
Coachman	37.4	
Watchmaker	17.0	30.48
Clergymen and minister	28.87	
Draper	22.14	2.07
Artistic	28.6	
Domestic servant	18.3	28.3
Teacher	23.1	26.3
Weaver		26.3
Engaged in music	21.6	10.4
Barge and seaman	19.1	
Gold and silver worker	18.2	
Wood and furniture	18.1	
Tailor	17.4	7.4
Shoemaker	16.3	15.2
Engaged about books	14.8	12.2
Horsekeeper and jockey	14.8	
Commercial traveller	12.3	
Grocer	12.2	0.71
Gardener	11.7	
Engaged about vegetable food	11.1	11.6
Fisherman	11.4	
Agricultural laborer	4.5	11.4
Engaged about animal food	10.8	2.38
Engaged about houses, including bricklayers and joiners	8.21	
Engaged in wood	8.2	2.3
" iron and steel	8.06	4.9
" intoxicating drinks	7.6	2.6
Engaged about silk	7.4	7.3
" in cotton manufacture	5.18	6.67
Engaged about coal	5.5	
Farmer		0.9

In respect to the influence of marriage on insanity, it would appear that celibacy and widowhood, as compared with the married state, are favorable to the occurrence of the disease, and that celibacy acts almost equally on men and women, while widowhood exercises more influence upon the former.

The statistics of recoveries and relapses show that "in asylums which have been established during any considerable period—say twenty years—a proportion of much less than 40 per cent. of the admissions is, under ordinary circumstances, to be regarded as a low proportion, and one much exceeding 45 per cent. as a high proportion" of recoveries; and Dr. Thurnam concludes that "the liability to a relapse, or recurrence of insanity, after recovery from the first attack, all things considered, cannot be estimated as at less than 50 per cent., or, as one in every two cases discharged as recovered."

Finally, as to the mortality of the insane, Dr. Thurnam arrives at the following conclusion: "Taking considerable periods of time, during which there have been no extraordinary disturbing circumstances in operation in a mixed county asylum, or in one for the middle or more opulent classes as well as paupers, a mortality which exceeds 9 or 10 per cent. is usually to be considered as decidedly unfavorable, and one which is less than 7 per cent. as highly favorable." Our author concludes that the mortality of the insane is undoubtedly greater than that of the sane.

Chapters eighth, ninth, and tenth, are devoted respectively to the Diagnosis, Pathology, and Treatment of Insanity; but, as we have occupied a great deal of space in the analysis of the preceding chapters, we must forego any further notice of this valuable and much needed work at this time. We cannot too strongly commend the work to the attention of our readers. It is written in a very attractive style, and the authors are evidently well fitted for the task they have undertaken. We have devoted a large space to a notice of the work, partly for the reason that very little is said in our medical journals on the subject of insanity, while it is encountered by most practitioners, though it is true its subjects do not often remain long under their treatment, being soon removed to asylums. The space we have devoted to the work must be regarded as some evidence of our appreciation of its value.

ART. VIII.—*A Practical Treatise on the Causes, Symptoms, and Treatment of Spermatorrhœa.* By M. LALLEMAND, formerly Professor of Clinical Surgery at the University of Montpelier, etc. Translated and edited by H. J. McDougal, M. R. C. S. E., etc. etc. Third American edition. To which is added, *On Diseases of the Vesiculæ Seminales, and their Associated Organs; with Special Reference to the Morbid Secretions of the Prostatic and Urethral Mucous Membrane.* By MARRIS WILSON, M. D. Philadelphia: Blanchard & Lea, 1858. Pp. 380.

IN this volume Dr. McDougal presents us with nearly the whole of the original work of Lallemand, only omitting a number of cases, which are a mere repetition of others. The cases number 62, and are detailed in a most admirable manner, showing the origin, progress, complications, treatment, and final results. They are resolved into various chapters, under these heads: Inflammation of the Spermatic Organs; Causes of Spermatorrhœa, as Menorrhagia, Cutaneous Affections, Influence of the Rectum, Abuse, Venereal Excesses, Action of Certain Medicines, Action of the Cerebro-Spinal System, Congenital Predisposition; Symptoms of Spermatorrhœa; Treatment.

Having passed through three editions in this country, its merits and demerits have been sufficiently discussed ere this, and as Dr. Wilson does not make any change in the first portions of the work, there is no necessity for particular notice of this portion.

The addition by Dr. Wilson is contained in seven chapters:—Introductory Remarks; Composition of the Semen, Functional, Chemical, and Microscopical; Pathology of Spermatorrhœa; Impotency; Causes of Spermatorrhœa; Symptoms; and Treatment.

Dr. W. relates no cases, but promises at some future day to give to the public those seen by him in full, in order that proper information may be had as to the deduction of his opinions concerning the nature of this disease.

We shall only give some of his ideas on the treatment of spermatorrhœa, without attempting to examine into his theories, &c., of its pathology.

By a review of Lallemand's cases, it is seen that his treatment by cauterization has too often failed, and it is a specific only in theory. Dr. W. considers it beneficial only when it produces a sufficient counter-irritation, and in subacute inflammation of the vesiculæ seminales and testicle.

He considers the mode of applying the caustic has much to do with its success, and may be the cause of so many failures. When too freely used, it may occasion excessive action with severe pain, even lay the foundation for ulceration.

Acupuncture he has tried without success, though so highly recommended by Lallemand.

In many instances, where evident disease of the brain has been induced by this affection, and, in fact, in the host of minor troubles arising from the same, how rarely do we find the physician inquiring whether this may not be the cause of all the difficulty; he prescribes a tonic, or some nervine, and passes it over, the case continually growing worse, because the source of disease is neglected.

Dr. Wilson, by his treatise, has added much to the value of the work, and it is to be hoped that he will shortly fulfil his promise of publishing his cases in detail.

ART. IX.—*The Mind Unveiled; or a Brief History of Twenty-two Imbecile Children.* "There is a spirit in man, and the inspiration of the Almighty giveth them understanding." Pp. 147. Philadelphia: U. Hunt & Son, 1858. Price 62 cts., with illustrations $1 25.

ALTHOUGH the modest author of this work, J. N. Kerlin, M. D., has witheld his name from the title-page, he has succeeded in making his book so interesting that our satisfaction in reading it is not altogether unalloyed with a feeling of disappointment, that the author has not given, in connection with his cases, some more specific information on the history of asylums for feeble-minded children, and an outline of the principles of treatment pursued. However, this did not, at this time, enter into the author's plan. He is connected with the Pennsylvania Training School for Fee-

ble-Minded Children, and the prime object of the work is to call the attention of the public to the importance of supporting an institution of so beneficial a character as the one in question.

This book shows what may and has been done for this class of unfortunate children who at their homes are often treated more like brutes than like human beings. Seldom have we been more highly gratified than when witnessing at this institution the very remarkable degree of culture that such minds are capable of receiving. We trust that our readers will procure this work, and convince themselves of the benefits in store for feeble-minded children, and interest themselves in behalf of any in their own neighborhoods, who ought to be availing themselves of the benefits which proper training offers to this unfortunate class.

The Pennsylvania Training School is at present located at Germantown, in this city, and is under the superintendence of Dr. Joseph Parrish, formerly editor of this journal, with Dr. Kerlin as resident physician. A new institution, on a somewhat extended scale, with a farm attached, is in progress of erection at Media, about fifteen miles from this city, which it is expected will be ready for occupancy next spring.

We trust that a new edition of Dr. Kerlin's book will soon be called for, and that he will embrace the opportunity of elaborating it to the extent of making it a text-book on the subject, illustrated with cases.

ART. X.—*Pathology and Treatment of the Paralysis of Motion.* Pp. 62. J. P. BATCHELDER, M. D., New York. From the author.

THIS subject forms the basis of a very interesting pamphlet by Dr. B., in which he treats the whole matter in a masterly manner. He does not consider this a disease, but merely a symptom—"the non-communication of the appropriate stimulus to these muscles by the mind." He considers paralysis a symptom in two points of view: "1. In relation to the function of the affected muscles. 2. In respect to their physical condition."

After a stroke of paralysis, the patient is like an infant, and requires training to cause proper recovery of motion in the affected limbs. The patient has only lost the will and power of causing contraction and expansion, though the muscles are not destitute of contractility. He differs from the infant in requiring aid to move his limbs, and in so moving them we must induce his aid, concentrate his attention upon the parts, &c. Dr. B. from the different condition of the muscles, gives the following indications of cure:—

1. To restore strength to the powerless muscles.
2. To overcome abnormal contraction in others.
3. To obviate or counteract the perverse action of such as act irregularly.
4. To renovate the will, and reconnect it with the affected muscles.

The first three indications point directly to the fourth, which is, in fact, the ultimate object aimed at.

For the first two, he resorts to "passive contraction." Splints, etc., are applied so as to make the origin and insertion of the muscles approximate, till the fasciculi contract and adapt themselves to the change; or to extend the muscles so as to overcome the contraction, every day rubbing several times the limb for half an hour or longer, the apparatus being removed, at the same time, directing the patient's attention to the movements, &c.

For the third, employ such mechanical means as will prevent the untoward action.

For the fourth, teach the patient like a child, to direct his attention to the muscle to be moved, so as to bring the will to bear on it, and thus put forth his mental as well as physical energies to the task.

Medication, as by electricity, galvanism, and strychnine, is "to be used, mainly, for the purpose of exciting motions in the paralyzed limbs, analogous to the primary movements in early infancy."

First applied with great caution, they should be *gradually* increased, as irreparable injury may be produced by too violent efforts at first. At the time of using these remedial agents, the attention of the patient should be directed to the fact, and he should be exhorted to concentrate upon the matter all his attention.

Dr. B. relates some interesting cases, detailing carefully the progress and the means employed to overcome the paralysis.

After these, he gives some additional remarks on the "Time of Attack," "Particular Symptoms—sense of coldness, numbness, drowsiness, vertigo, pain in head, &c."

The pamphlet is one of undoubted value, and we anticipate its publication will produce wide-spread benefit.

ART. XI.—*Minutes of the Quarantine and Sanitary Convention held at Baltimore, April*, 1858. From W. JEWELL, M. D.

THIS second annual meeting of the Quarantine Convention was very well attended, there being 81 delegates present. It convened April 29th, and adjourned May 1st.

The following officers were elected: President, Dr. Wm. M. Kemp, Baltimore, Md.; Vice Presidents, Dr. Jno. M. Moriarty, Boston; Geo. N. Eaton, Esq., Baltimore; Dr. P. C. Gaillard, Charleston, S. C.; Secretaries, Chas. H. Haswell, Esq., N. Y.; Dr. D. I. McKew, Baltimore; Hon. F. F. Ferguson, Norfolk.

The following subjects were referred to a committee to investigate and report at the next meeting: "1. A History of Quarantine. 2. Have Quarantines secured the object for which they were originally intended? if not, the reasons of failure. 3. What reforms are required to make Quarantine more efficient and less burdensome? 4. Is a uniform system of Quarantine Laws feasible? If so, to propose a plan by which the object may be accomplished."

The following gentlemen compose the Committee: Drs. W. Jewell, J. M. Moriarty, Werner Cleveland, Wm. J. Wragg, Wm. Selden, R. La Roche, and D. F. Condie.

Dr. J. H. Griscom, of N. Y., sent a communication, and some pamphlets on History of Yellow Fever at N. Y.

Resolutions were submitted and a committee appointed to report on the Internal Hygiene of Cities; Registration of Births, Marriages, and Deaths; on Disinfectants; Supply of Water, and Sewerage; Sanitary Measures in Cities, &c.

Altogether the minutes form a very interesting and important pamphlet, and it is to be hoped the gentlemen engaged in this project may succeed in all they undertake.

Art. XII.—*Pamphlets, &c., received.*

1. Report of the Board of Managers of the Pennsylvania Hospital. From this Report we gather the following general facts:—

Expenditures of the Pennsylvania Hospital for the year ending April 24, 1858	$35,228 98
Receipts during the same period	14,428 95
Expenditures for Insane Department for the year ending April 24, 1858	73,725 33
Receipts during same period	64,918 39

In the Hospital Department there were treated during the year:—

Surgical Cases . . .	1,075
Medical " . . .	747
Total,	1,822

There were discharged during the year 1680 cases, leaving in the Hospital on the 24th of April, 1858, 142 cases.

Average number of patients in the house during the year 162.

Average time each patient was under treatment 32.38 days.

Of the patients discharged from the Hospital:—

The proportion cured has been		61.81	per cent.
" " relieved has been		16.78	" "
" " removed without material improvement		4.77	" "
" " discharged for misconduct and eloped		1.43	" "
" " died		8.21	" "
		100.00	

The greatest mortality among the surgical cases was in fractures of the lower extremities, in which out of 31 cases, 11 died, nearly one-fifth of the whole mortality.

Among the medical cases the greatest mortality was from phthisis, viz., 16 out of 66 cases; the next greatest was from disease of the heart, 11 out of 28 cases. About one-third of the whole mortality was from these two causes.

In the insane department there were treated during the year 359 cases. There were admitted during the year 116 cases, discharged 124 cases. Remaining April 24th, 1858, 235 cases. Average number of patients resident in the Hospital during the year 237.

Of those discharged there were—

Cured	61
Much improved	12
Improved	23
Stationary	9
Died	19
	124

2. Proceedings of the Sixty-sixth Annual Convention of the Connecticut Medical Society, May, 1858. From the Secretary, Dr. P. M. Hastings.

3. Transactions of the Tennessee State Medical Society, 1857–8.

EDITORIAL.

GRATUITOUS MEDICAL SERVICES TO CLERGYMEN.

It is surely not necessary for us to occupy space in demonstrating the fact that our profession does a large, a *very* large amount of unrequited labor, and that too very often where it has a right to expect full remuneration. We do not propose at this time to discuss this question fully in all its aspects, but will, for the present, leave that to our correspondents.

There is one class of men to whom, by common consent, the medical profession has hitherto, almost universally, rendered their services free of cost, and they have, in times past, done it cheerfully—viz., to ministers of the gospel and their families. But a great change is evidently rapidly taking place on this subject in the minds of many of the profession. Several reasons occur to us why this is so. Fees are now at a minimum, while living is at a maximum rate. The expenses of living are much greater now than when custom established the present *nominal* rates of fees. Finding, therefore, that his income is insufficient to meet his expenses, the physician is induced to abrogate a rule which many of them think has its foundation in custom rather than in justice. Again, many of our clergy, particularly in large cities, receive high and remunerative salaries, and there certainly is no reason why *they* should not pay reasonable bills. The physician is liable for pew-rent, for his *full* share of the minister's salary, and other church expenses, and is always regarded as just the man to appeal to for any benevolent object. As there are no exceptions in *his* favor, why should he make an exception in favor of the minister? But there is another, and perhaps a more potent, reason. Take the clergy as a class, and it is charged that they are forward, oftentimes meddlingly so, in the recommendation and encouragement of the various forms of quackery, thus often interfering with the office of the physician; and that they have thus placed themselves beyond the right to claim or expect any favors at the hands of the physician. One more reason is urged.

Clergymen have become so accustomed to receiving these favors that many of them seem to regard them as a conceded and undeniable right, and often fail to make even a suitable verbal acknowledgment for the gratuitous services rendered them.

While we readily admit the force of much of this reasoning, we are not prepared to fully commend to general adoption the resolution recently passed by the District Medical Society for the County of Camden, N. J., by which its members resolve to charge clergymen for medical attendance. Indeed, we think it unadvisable to have any fixed rule on the subject. The labors of a very large proportion of the clergy are eminently "labors of love," and very few of them, as a class, receive remunerative salaries; and to such, gratuitous medical attendance is, in our view, *due* for their Master's sake—and not, by the way, for any supposed influence that they may exert in favor of the physician. While, therefore, we should not hesitate to charge wealthy clergymen, or those receiving remunerative salaries, we should be very sorry to be the recipient of a fee from the scanty means of the impoverished *curés* of the larger proportion of our parishes.[1]

DULL TIMES.

Did the medical profession ever encounter such dull times? Certainly not for many years, if we can judge by what veteran practitioners tell us. Very little sickness for several years past, small bills in consequence, and "low funds" to collect them from. Such is almost the universal complaint.

Well, how does all this affect *us*—"we"—the editor? Why, we are within the reach of the *general* complaint, besides being affected secondarily by the universally tardy payment of subscriptions. These "times" have killed several medical journals outright, besides discouraging the starting of several new ones which had been announced. Nor is this all—and *here*, by the way, *is the pith of this article*—they interfere sadly with our obtaining mate-

[1] *Preachers' Salaries.*—Of the whole number of preachers of the Pittsburg (Pa.) Conference, twenty-nine got over $500, forty-two got between $400 and $500, forty-five got between $300 and $400, twenty four got between $200 and $300, and thirty got less than $200. The total amount paid to one hundred and seventy preachers was $62,542 66, including house-rent and travelling expenses, which would average $367 90 for each preacher.

rial for filling our journal. We never found our exchanges so dull and heavy as they are now. They contain, and we can obtain, but few original articles; the material from which to prepare abstracts is scarce; our city societies are in a state of estivation; while our "own" correspondents have exhausted their wits in trying to make something out of nothing. There is one universal cry, "There's nothing to write about." Well, friend, now is the time to get down your "case-book," brush the dust from it, and look up that "case" you promised us long ago; now is the time for you to discuss that point you agreed to when we last saw you.

But we fear our appeals have come rather late in the day; we feel that we have almost weathered the storm. The debilitating heat of mid summer will soon have passed away; the machinery in our cities will be in motion again in a short time; and we have in view a plentiful supply of medical society, hospital, and other clinical reports, etc. etc., with which ere long to freight our journal.

We have observed that whenever time hangs heavy on the hands of the physician, when his pocket memorandum-book exhibits a beggarly account of blank lines, when his visits are few, and fees at a low ebb, then he resigns himself to ease and repose; then is *not* the time that he chooses to use the pen. But let business revive, let his blank pages be dotted with the memoranda of visits made, and then his fingers become supple, his ideas flow freely from the nib of his pen, and we are constrained to "beg the indulgence of our correspondents" till we can make room for their communications. Friend, if you have an article in the skeleton for us, now is just the time to finish it, as business is reviving wonderfully.

CORRECTION.—We have received a letter from Dr. Waring, calling our attention to an accidental error in our review of Geddings' *Surgery*. The particular portions commented upon were not from Dr. Geddings, but were written by Dr. Waring, with his initials appended.

DR. CORSON *v.* DR. FITHIAN.

In the REPORTER for June, we published an article on Scarlatina. The writer of the article, Dr. Fithian, of Woodbury, New

Jersey, took occasion to comment on some expressions in the report of the Standing Committee of the Medical Society of New Jersey, which was published in our March number. These expressions relate to the treatment of scarlet fever, and are to be found on page 220 in that number. Dr. Corson, of Trenton, a member of the late Standing Committee, thinking that Dr. Fithian's comments were harsh, sent us a reply to Dr. F.'s criticism; but not liking the spirit of the reply, and thinking that some of the expressions it contained were uncalled for, as we failed to see wherein Dr. Fithian had transgressed the bounds of legitimate criticism, we declined publishing the article unless its author would submit to some emendations which we proposed. This he is not willing to do to the extent which we feel it our duty to insist upon, before giving publicity to the article. In this, Dr. Corson thinks we do him injustice. We are sorry to have to differ with him on this point, and we claim that in suppressing the article as sent to us, we rather did an act of kindness to our friend.

In our correspondence with Dr. Corson, we took occasion to say that we were confident that Dr. Fithian had no intention of being personal, and entertained no unkind feelings towards either of the members of the late Standing Committee; and we are glad to have it in our power to say that our remark is borne out by Dr. Fithian himself, who is surprised and grieved to find that his remarks have given offence; and he desires us to say that his article was in no sense meant to be personal; that, in fact, he had reference in his strictures rather to the Society for giving publicity to such doctrines, than to the authors of the report, whose right to embody their own opinions in a report he has no disposition to question. The members of the Committee are, personally, entire strangers to him, though he expresses the hope that it will be his privilege to meet with them, and show them that he entertains no ill-will towards them.

We comply with Dr. Corson's request to publish the following note, and trust that further reflection will convince him that our course has been a proper one; and we certainly need not assure *him* that our course has not been taken out of any unfriendly feeling towards him, but from a sense of duty to all concerned:—

TRENTON, *July 12th*, 1858.

S. M. BUTLER, M. D., *Ed. Med. and Surg. Reporter*—

DEAR SIR: Your letter of the 10th, in which you inform me that my answer to part of Dr. Fithian's article in the June number of the REPORTER cannot be published, unless certain alterations which you suggest are made, was duly received. I cannot submit to those alterations, and am not willing to have my answer published in a mutilated form. As one of the Standing Committee whose report is attacked by Dr. Fithian, I feel that Dr. F. has done me great injustice; and I very much regret that you are not willing to allow my answer to appear. And I also think that you are treating me unjustly in refusing to publish my answer. But it is not my place to dictate to you; and, therefore, I must submit to your decision.

Truly yours, &c.,
THOS. J. CORSON.

FOREIGN OBITUARY.

DEATH OF SIR PHILIP CRAMPTON.—The London papers announce the death of Sir Philip Crampton, Bart., Surgeon-General of the Forces in Ireland, at his residence, Merion Square, Dublin, on the 10th of June. For half a century, he was at the head of the profession, and at the time of his death had reached his 85th or 86th year. There will be no successor to the office of Surgeon-General of the Forces, as the place, in fact, was abolished many years since, the title being retained by Sir Philip Crampton only as a matter of form.

DEATH OF ROBERT BROWN, THE DISTINGUISHED BOTANIST.—On the 10th of June, also occurred the demise of Robert Brown, F.R.S., probably the most illustrious of English botanists. His admirable descriptive flora of Australia, and his monographs on some of the most difficult and important natural families, place him in the first rank of those who have brought the science to its present advanced state. He had attained his 85th year, was Foreign Associate of the Institute of France, Keeper of the Botanic Collections in the British Museum, and had been President of the Linnæan Society.

DEATH OF MR. JAMES NOLAN, THE IRISH PATRIARCH.—The *Carlow* (Ireland) *Sentinel* announces the death of Mr. James Nolan,

of Knockindrane, who had attained the age of 116 years, having been born, according to the most unquestionable evidence, in 1742. His custom was, from an early period of his life, to bathe his head in cold water every morning throughout the year. His memory was strong and tenacious, and his narrative of the many events which occurred within his recollection, during the period of a century, was clear, precise, and accurate. About six years ago, his landlord sent a photographic likeness of him to the Queen; since which event he has been visited by numerous parties from all sections of the country.

EDITORIAL CORRESPONDENCE.

POOR PICKINGS FOR DOCTORS.

Boston, *July 9th*, 1858.

The cold weather of our spring held on to a very late day. Since this month began, we have had some very hot days, but the nights have been cool. As yet, few have complained of the heat, and cassimere and broadcloth have not yet given way entirely to linen and seersucker. The health of Boston never was better than for the last six or eight weeks. Think of about fifty deaths only in a week, for a population of 170,000, and that the mortality from phthisis remains about the same as in other seasons. Acute diseases have been almost unknown. Even the Fourth of July failed to produce cholera morbus; and the intimate connection between colic and cucumbers seems to have been dissolved. There is nothing in the way of prevalent disease to write about.

MASSACHUSETTS GENERAL HOSPITAL.

The changes long contemplated at the Massachusetts General Hospital have been made. The superintendent has given way to a resident physician, who has an ample salary, and whose duty it is to make the evening visit to the patients and attend to calls of emergency. The office has been filled by the appointment of Dr. Benjamin S. Shaw, a gentleman of undoubted qualifications, who had already become an authority in microscopy and chemistry, and who will have ample opportunities to follow the study of these

branches. The assistants to the physicians and surgeons, formerly known as house pupils, will no longer reside in the hospital, but will live near enough to attend at the visits, and to come in when called for. There is reason to believe, even should the expenses be not diminished by the new plan, that the funds will be more profitably employed, and the work better done; although it requires a new officer, the steward, to perform a part of the duties formerly belonging to the superintendent.

THE SALE OF POISONS.

Have you any law in your neighborhood which restricts or regulates the sales of poisons? My attention has been called to the subject of late, in consequence of being present at an inquest, where, in reply to questions, it came out that an apothecary always sold any substance to any one who might ask for it, under the provisions of the law. The law is intended to protect the public, but it simply provides for the infliction of a penalty of fifty dollars for the sale of prussic acid, arsenic, corrosive sublimate, or strychnia, to any one, without making a registry of his name and residence, the date, and the quantity sold, in the druggist's book. I took occasion to call at numerous drug stores to ask for strychnia, where I was not personally known, and found only one at which I could not purchase it without a prescription, in any quantity I chose to call for. Not more than one druggist out of three was aware of any law touching the sales of poisons. Almost all of them, on being questioned if they sold to any one without hesitation, said, "No; we judge by the personal appearance of the purchaser, whether he intends to make a bad use of it or not." This answer was given indiscriminately by the proprietors of shops, and by boys of from fifteen and upwards, who were left with the sole charge of the business.

One might be disposed to smile at the law; but when he reflects that it was passed by the most wooden-headed legislature that Massachusetts ever was afflicted with, he is reminded that they were guilty of many comicalities.

GOOD FOR DYSPEPSIA!

Should your neighbors be afflicted with dyspepsia, send them

to Boston. We have a large establishment in this city for its cure. Their charter gives them the title of the Metropolitan Railroad Company. The original plan was to carry passengers through the city at a moderate expense, a rapid rate, and with greater ease than the omnibuses used to. They have contrived to sink the latter consideration, for the benefit of dyspeptics. The means by which they do this is a combination of ingenious contrivances, and as they have no secret in doing their work, I would suggest its adoption by you. In the first place, the rails are very short, and no two are made to lie upon the same level. After they are placed upon the street, they are forced irregularly apart by the paviers in laying the roadway; and, to complete the whole, wheels are used of various style of curve, from the ellipse to an almost perfect circle. The small mortality for the season may, in part, be attributed to the efforts of this company.

Yours, &c., C. E. B.

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Sulphate of Morphia in Difficult Labor.—Dr. John W. Jackson, of Rockaway, N. J., writes us as follows:—

"The article in the July number, on the use of sulphate of morphia as an 'adjuvant in parturition,' coincides with my experience. I made the discovery five years ago in February. I was called to Mrs. B., in labor with her second child. The pains were regular, but 'cutting' with very little pressure on the neck of the uterus. On examination, I found the os dilated only as large as a dime, and very rigid. I wanted to be absent a short time—so, to keep the patient quiet during my absence, I gave her morphia in solution. I was absent only about fifteen minutes, when, on another examination, I found the os uteri largely dilated—the membranes fitted—the head presenting in the first position. I ruptured the membranes, and delivery followed immediately. After the exhibition of the morphia the pains were more pressing and frequent, the action relaxing the rigidity of the os uteri, and the labor was easy and expeditious. Since that I have used it in nearly every case I have attended, and always with satisfaction, indeed, so much so, that I rarely or never use ergot, for I very seldom see any good effects from its use. * * * I could cite a number of cases of the good effects of the morphia in difficult parturition. It should be carefully given, and in small doses."

SELECTIONS.

Treatment of Tuberculosis of the Hip-Joint.

In the treatment of this affection, which, if our notions of its pathology be well founded, is, like scrofulous disease in general, merely a local manifestation of a constitutional vice, topical remedies alone will not avail; to prove efficient and truly useful, they must be combined with and aided by means addressed to the general system with a view to the improvement both of the solids and fluids.

Whatever may have been the duration of the malady when the treatment is commenced, the first and most essential element in the management of every case of the kind is repose, not merely of the limb alone, but also of the body—repose absolute, unconditional, and persistent. Upon this subject there must be no compromise between the patient and his attendant. The contract entered into at their first interview must be observed with the most scrupulous fidelity—it must be both binding and permanent. The slightest departure from this injunction would in any stage of the complaint be of great detriment to the patient's limb, while in its more advanced stage, when the bones and cartilages are destroyed and matter exists in the joint, it might seriously jeopard his life. Recumbency must be observed for months upon months. Too much stress cannot be placed upon this point, when it is remembered how important it is to keep parts, comparatively insignificant, perfectly at rest when in a state of suffering. In inflammation of the fingers and toes, repose and elevation of the affected structures are instinctively sought, and, if possible, maintained until the morbid action has in a great degree subsided and function been restored. Now, if this be necessary in ordinary inflammation and in textures which have no important uses and sympathies, how much more necessary is it when the malady is of a specific nature and the organ involved is so important as the hip-joint?

In order to render the patient as comfortable as possible, and enable him to endure his protracted confinement without detriment or inconvenience, he must be furnished with a suitable bed provided with slats and a firm but elastic mattress. A common trundle-bed, about four feet in width, will answer every purpose, and is in every respect preferable to the common bed, especially if the patient is a child, as he will thus be less liable, if he should roll out, to hurt himself. The sheet should be well secured at

the sides, that it may not become rumpled, and the pillow should be of medium size, so that, while it affords adequate support to the head and shoulders, no undue weight may be thrown upon the trunk and pelvis.

The local remedies must be regulated by the progress of the malady and the constitution of the patient. If the disease be in its first stage, if the pain be violent and frequent in its recurrence, and if the general health remain unimpaired, we can scarcely fail to derive special benefit from the application of leeches, or, in their absence, from the use of a large blister. The leeches should be scattered over the affected joint, and after they have dropped off, the flow of blood should be promoted for some time with cloths wrung out of warm water and frequently renewed. Their number must depend upon circumstances, but in general from six to eight will be sufficient for a child from three to six years of age. Sometimes a blister may be applied advantageously within a few days after the leeching, and I much prefer this mode of counter-irritation to the employment of liniments, embrocations, croton oil, tartar emetic ointment, and iodinized lotions, which is always attended with friction, and for that reason often prejudicial to the inflamed structures. By these means, aided by a plain, simple diet, consisting mainly of farinaceous articles, with milk, weak tea, or milk and water, at breakfast and supper, and an occasional purgative of from two to three grains of blue mass with double that quantity of jalap, most of the cases that are brought under the notice of the practitioner may be radically cured in a few months. If fever be present, or if there be decided plethora, as denoted by the state of the pulse and face, the antimonial and saline mixture may be given in such doses and at such intervals as the nature of the case may seem to require. When the pain is so severe as to interrupt sleep, opiates must be used with warm anodyne poultices or fomentations, or, what I have found to be of greater benefit, a lotion composed of three parts of soap liniment and one of acetated tincture of opium with from half a drachm to a drachm of carbonate of potassa to the ounce, applied by means of a fold of flannel, kept constantly wet, and covered with gutta-percha. Cold applications are generally inadmissible both in this and in the other stages of the disease. Where the skin is unusally dry, or the system more than commonly irritable, the warm bath, carefully administered for half an hour at a time, with a Dover's powder at night, is sometimes highly beneficial, but great care must be used in its administration lest the affected joint sustain injury.

I am not an advocate, as a general rule, for confining the affected limb in splints, as is the custom of many practitioners, with a view of securing more perfect rest of the joint. The patient himself will usually instinctively take care of this. It is only or chiefly

when the limb is much out of shape, or in a position in which, if permanently retained, its usefulness would be seriously impaired, that I have found such a proceeding either necessary or desirable. The restraint occasioned by all such contrivances is generally exceedingly irksome to the child, and is often, I am sure, productive of harm rather than of benefit. When the malposition of the extremity is considerable, the first thing to be done, provided there is as yet no great structural lesion, is to rectify this by extension and counter-extension, aided, if necessary, by rotation and abduction, the patient being under the influence of chloroform, and then to apply a suitable apparatus for maintaining the limb in its new relations. The best material is gutta-percha, undressed sole-leather, or trunk-maker's board, soaked in hot water, and adapted to the hip, thigh, and leg, being kept in place by a common roller. When dry, these articles form an admirable case, which may afterwards be padded with cotton to ward off pressure, and which will thus effectually prevent motion not only of the hip but also of the knee and ankle.

The attempts at rectifying the malposition of the limb are occasionally annoyingly counteracted by the contraction of the principal adductor muscles of the thigh, especially the pectineal and short adductor, which are sometimes so much shortened as to draw the extremity nearly across the sound one. When this is the case, the most expeditious plan is to divide these muscles subcutaneously.

In the second stage of the affection, the only reliable local remedy, according to my experience, is a large issue, for the purpose of securing a free and permanent discharge of matter. If the case have not been seen before it has reached this crisis, some of the means already mentioned, as leeching and blistering, may be tried; but, unless they are promptly beneficial, no time should be wasted in their employment. The disease is now thoroughly established, and must be met in the most decisive manner, if we would wish to avoid its disorganizing and destructive consequences. The best place for making the issue is the most prominent part of the swelling, which is usually either directly over the joint or in its immediate vicinity.

The most eligible form of issue is that made with the actual cautery. The patient being under the influence of an anæsthetic, the iron, heated to whiteness, is gently pressed upon the part until a suitable eschar has been formed; one about the size of a twenty-five cent piece, if the patient be very young, or twice that size, if he be twelve or fifteen years old. The slough, which should not extend beyond the subcutaneous cellular tissue, will generally drop off within the week; and, during this period, as well as afterwards, the parts should be kept constantly covered with a linseed poultice, renewed several times in the twenty-four

hours. The discharge, if flagging, may be promoted by savine ointment, by simple cerate containing a few drops of nitric acid to the ounce, or, what I prefer, the occasional application, for a few hours, of a small blister.

Independently of the advantages here alluded to, as being afforded by the issue made with the hot iron, there is another of nearly equal, if not, indeed, greater value. I allude to the fact that it may be used most efficiently for the local application of morphia, not so much for inducing sleep, as with a view of allaying the excessive pain of the parts, and the spasmodic jerkings of the muscles of the limb. Employed in this wise, it acts, according to my observation, much more promptly and energetically than when administered by the mouth. The quantity necessary to produce the desired effect will, of course, depend upon circumstances; but, in general, from half a grain to a grain will be required for a child three or four years old. Sometimes an injection of laudanum, or an opiate suppository, will allay the pain and quiet the system more effectually than anything else.

In regard to the patient's diet, in this stage of the disease, the same rules should govern as in the preceding stage; but it should, if possible, be somewhat more restricted, especially if there be much pain, with occasional fever. The bowels should also be maintained in an active condition, the best general purgative being a few grains of blue mass, with a suitable quantity of jalap, or the compound calomel pill. Salines and nauseants will rarely be required. If the patient labors under symptoms of debility, as denoted by the pallor of his countenance, the coldness of the extremities, and the disorder of the digestive organs, tonics, especially quinine and iron, should be employed, along with a more generous diet and nutritious drinks.

In the third stage, characterized by serious structural lesion, and the formation of matter, the treatment will require to be essentially modified, to meet the local and constitutional contingencies. Prior to this period, it was, if not decidedly antiphlogistic, at all events rather of a depressing character, intended to subjugate inflammation and establish resolution; now that the morbid action has gained the ascendency, and exhausted both part and system, a widely different course is demanded.

Two most important indications are presented, in almost every case, at this stage of the complaint. The first is to limit the suppurative process; the second, to promote the speedy absorption of the effused fluid. To fulfil either is generally no easy task; for experience has proved that there are few cases in which our efforts, however skilfully conducted, are crowned with success. When the suppurative process declares itself by well-marked symptoms, as rigors, alternating with flushes of heat, and followed by copious sweats, something may be done to moderate

its violence by the steady and energetic use of antiphlogistics; but, in general, it will be found that the patient is either too feeble to justify their employment, or that the disease has been so insidious in its approaches as to defy recognition before the mischief has been completed. It has been seen, however, that matter does not always attend this stage, and that when it does, it often exists only in small quantity. Now it is in the latter class of cases, more particularly, and in those where the suppurative process can be carefully watched from its very inception, that strenuous and persistent efforts should be made to prevent its accumulation, with its concomitant mischief. For this purpose the affected hip should be painted at least twice a day with some sorbefacient lotion, such as equal parts of tincture of iodine and alcohol, or a weak solution of iodine and iodide of potassium, care being taken that, while applying it efficiently, it is not put on so freely as to cause pain or irritation beyond a few minutes. The object should be merely to excite the absorbents, the capillaries being fully kept in abeyance; otherwise, injury, not benefit, will be likely to result. Sometimes a large blister answers a good purpose; retained just sufficiently long to produce slight vesication, and repeated every four or five days for several successive weeks. Thorough or protracted vesication is to be avoided, as likely to prove detrimental, from its irritating effects, both upon the part and system. If the disease has not yet advanced too far, if the abscess is still small, and, above all, if the suppurative process be attended with great pain and constitutional disturbance, I know of no remedy so well calculated to fulfil the present indication as the actual cautery, applied in such a manner as to produce a broad but superficial issue.

Along with the local remedies just pointed out, should be used certain internal means, to aid and expedite their sorbefacient action. At the head of the list may be placed mercury, especially the iodide and bichloride, administered in small quantities several times a day, and properly guarded by opium, to prevent them from griping and purging; the iodide of potassium and Lugol's solution are also valuable remedies. Ptyalism is of course avoided, and the strength is sustained with tonics, a generous diet, and nutritious drinks.

If these means fail, or if the abscess be already very large when we are called to the case, the matter should be evacuated artificially. I am aware that, upon this subject, there is generally a great deal of repugnance evinced by practitioners, on the supposition that any interference of this kind will only tend to aggravate the local disease and cause hectic irritation. To such a view, however, I cannot subscribe. On the contrary, I can see no just reason why the general rules of surgery should be departed from

in this disease any more than in others. It is well known that matter, wherever and whenever existing in large quantity, invariably does harm; for, not only is it apt to burrow extensively among the surrounding parts, but it must necessarily, by the pressure which it exerts upon the inflamed surfaces with which it is in contact, increase the pain, and effectually prevent the restorative process. That this is the case in regard to extensive purulent collections generally is a fact so well established as to require no argument in its support, and if there be any exceptions respecting such accumulations in the hip-joint, I am not aware of them. My conviction is, that practitioners, influenced by the dogmas of the schools rather than by their personal experience and the dictates of common sense, have seriously erred in their treatment of strumous abscess of the ilio-femoral articulation, and been thus directly instrumental in the production of much mischief. In their endeavor to avoid too early an outlet, they have too frequently allowed themselves to wander into the opposite extreme, and neglected to make any opening at all; in other words, in attempting to steer clear of Scylla, they have unwittingly rushed into Charybdis. The proper plan, undoubtedly, is, in all cases where the absorption of the matter is no longer a probable event, to promote its escape by the knife. The artificial opening, however, is not to be made heedlessly, or without due attention to the permanent exclusion of the air, which, although in itself innocuous, often proves pernicious, from its tendency, when brought in contact with the pent-up fluids, to favor decomposition, and, consequently, the development of hectic irritation. These effects may generally be prevented by giving the opening a valvular form, as in evacuating chronic abscesses in other situations, by making a puncture rather than an incision, and by closing the orifice, immediately after the operation, with adhesive strips, supported by a light compress and bandage. If the quantity of matter be unusually large, a portion only should be drawn off at a time, the process being repeated in a few days until the whole is removed; but ordinarily the sac may be emptied advantageously at the first operation.

As soon as the fluid has been evacuated, whether partially or completely, a full opiate should be administered, in order to prevent undue reaction; and, if the joint becomes painful, warm anodyne fomentations should be used, until relief is afforded. Afterwards, with a view of moderating suppuration, the parts are painted regularly once a day with some sorbefacient lotion, a linseed poultice or the warm water dressing being used as the permanent application.

If sinuses form, whether as a result of spontaneous or artificial evacuation, the best plan is not to interfere with them, as the pain

and loss of blood consequent upon the employment of the knife would more than counterbalance any good effects from the operation. If loose fragments of bone, or pieces of cartilage, present themselves, they should, of course, be promptly extracted.

The violence of the suppurative action having been subdued, the plastic deposits are best dealt with by sorbefacient plasters, applied so as to embrace the whole of the affected surface, and steadily worn for many weeks. Of these plasters, the most useful, for this purpose, is the ammoniac and mercurial, under the influence of which the induration and swelling often disappear with astonishing rapidity. If much pain be present, a suitable quantity of morphia, opium, or cicuta may be incorporated with its ingredients.

During the latter part of this stage, tonics and stimulants are usually indicated, and often imperatively demanded, by the exhausted state of the system. The patient, emaciated and anæmiac, must be supported with quinine and iron, cod-liver oil, a generous diet, and nutritious drinks, as milk-punch, wine-whey, ale, or porter. If night-sweats be present, the most suitable remedy will be the aromatic sulphuric acid, either alone or in union with Huxham's tincture of bark. Diarrhœa and pain must be checked with opiates. The patient's apartment should be frequently ventilated, and the surface of the body should be daily washed with tepid salt-water, followed by dry frictions. Exercise in the open air is now generally of much service, and may often be taken by the little patient himself, seated in a go-car, and propelled gently round the yard, or over a smooth road. Carrying him about in the arms is highly objectionable, on account of its tendency to hurt the joint, by pressing the affected limb. In a word, nothing should be omitted that may tend in the slightest degree to invigorate the system and improve the health.

When the extremity of the thigh-bone is necrosed, or so completely carious as to forbid all hope of recovery by time and ordinary means, the soft parts being riddled with sinuses, and the discharge copious and exhausting, excision of the diseased parts will be demanded, and should, if life be not too far exhausted, be promptly executed, as most likely to rescue the patient from impending death. The object of the undertaking, of course, is to remove all the ulcerated structures, and hence the surgeon, after having exposed the joint, should not limit himself merely to thigh-bone, but perform a similar operation, if necessary, upon the margin and bottom of the acetabulum. The disease being thus arrested, the part and system will be placed in a much better condition for gradual and permanent recovery, provided the shock of the operation is not so severe as to destroy life, either immediately or consecutively. With proper care after

the excision, it may even be possible to preserve a certain degree of motion between the contiguous bones.

The operation may be conveniently performed by making a curved incision, from five to six inches in length, perpendicularly over the joint, in a line with the great trochanter, separating the parts, and cutting off the diseased structures with the saw or pliers. If more room be required, the incision may be crucial, or in the form of a T or V. The flaps are afterwards approximated with stitches and plasters, and the immobility of the limb is secured by appropriate splints, pads, and bandages, as in fracture of the thigh-bone.

When the patient has been exhausted by protracted suffering, and life is fast ebbing away, it has been proposed, as a *dernier ressort*, to amputate at the hip-joint; and the records of surgery contain several examples in which the operation has been followed by the most gratifying results. Notwithstanding this, however, I should hesitate before undertaking so grave a procedure, the more especially as the same end may generally be more readily attained by the more simple and less dangerous operation of excision.—Dr. Gross, *in N. A. Med.-Chirurg. Review.*

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